

FLORIDA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES



**ADAM H. PUTNAM
COMMISSIONER**

**SOLICITATION OF CONTRIBUTIONS
REGISTRATION APPLICATION**

Chapter 496, Florida Statutes
Rule 5J-7.004, Florida Administrative Code

Florida Department of Agriculture and Consumer Services
Solicitation of Contributions Registration Application

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Enclosed are all forms necessary to file with the Florida Department of Agriculture and Consumer Services (FDACS). If you have any questions, please contact the department at 1-800-HELP-FLA (435-7352), (850) 410-3800, or via fax at (850) 921-8201.

INSTRUCTIONS AND CHECKLIST FOR COMPLETING THE REGISTRATION APPLICATION

REGISTRATION AND RENEWALS

All charitable organizations and sponsors must register prior to engaging in solicitation activities in Florida, and renew annually thereafter on a form provided by the department. The department shall annually provide a renewal statement to each registrant by mail at least thirty (30) days before the renewal date. The expiration date for charitable organizations and sponsors is one (1) year from the initial date of compliance with registration requirements. [s. 496.405(1)(a)(b), F.S.]

ALL QUESTIONS FOR ORGANIZATIONAL TYPES MUST BE COMPLETED.

Item #1:

Provide the legal name of the organization **exactly** as it appears in its articles of incorporation or organizational document. If using a fictitious name (DBA), provide that name also. If the organization solicits under any other names, provide those names in the spaces listed. Attach additional sheets as necessary using the same format. **Note: Corporate, LLC, and Fictitious Names are verified with the Florida Department of State, Division of Corporations and must match the name exactly as filed.**

Item #2

Provide a street or physical address for the organization. Include the suite, room, or other unit number. If the mailing address (i.e. a generally used post office box) is different from the organization's street address, provide that address as well. **Note: In order for correspondence to be sent directly to an attorney or other third party, you must insert the attorney's or third party's address as the mailing address for the organization.**

Item #3

You must provide a primary telephone number, including the area code, for the organization. If the organization does not maintain a specific location, provide the telephone number of a person who will represent the organization. Also, provide the address for electronic mail (email) and website if used to provide information to or communicate with the public.

Item #4

Check the applicable box for the type of registration you are filing.

Item #5

Provide the organization's federal employer identification number. **Note: Taxpayers can obtain an EIN immediately by calling the IRS Business and Specialty Tax Line (1-800-829-4933).**

Item #6

Select the type of organization (or legal form of business) and state when and where the organization was legally established.

Item #7

List the representatives as directed with complete street addresses and telephone numbers for each. **Charitable organizations and sponsors must indicate whether, or not each representative receives a salary.**

Item #8a

Provide the name, address, and telephone number of any other offices, chapters, branches, or affiliates in this state for which you are filing. If you have branches and are not filing as a parent organization, each branch must register separately. [s. 496.405(4)(a), F.S.]

Item #8b

If your organization is not located in Florida AND you do not maintain an office in this state, provide the name, address, email, and telephone number of the person with custody of the financial records.

Item #9

Answer by checking appropriate box and provide supplementary information, if applicable. **Note: All felonies must be disclosed regardless of the nature of the crime in addition to any other crime as listed.**

Item #10

Answer by checking appropriate box and provide supplementary information, if applicable.

Item #11

Charitable organizations and sponsors must designate a person(s) who will (or would) be responsible for any solicitation or fundraising activities.

Item #12

You must disclose the person(s) who exercises control of funds. (i.e. the person(s) who collects the money, makes deposits, writes checks, etc.)

Item #13

Indicate the month and day your accounting or bookkeeping period ends each year.

Item #14

Answer by checking appropriate box. In order for this office to report to consumers that your organization is tax exempt, we must have a copy of the letter from the department of the Treasury, the Internal Revenue Service, which exempts your organization from paying income tax to the federal government. This letter must be on the letterhead of the Internal Revenue Service and can be for a group exemption. We cannot accept a letter from the headquarters or main office of your organization. The tax exemption determination letter is not to be confused with a Certificate of Exemption issued by the Florida Department of Revenue, which exempts your organization from paying state sales tax. Nor is it to be confused with the letter or application regarding your employer identification number also issued by the Internal Revenue Service. If you cannot locate a copy of your tax exemption letter, you must contact the IRS and request an additional copy.

Item #15

Briefly explain the purpose for which your organization was created. For purposes of public assistance and disclosure this office provides, it is best to summarize this information in your own words.

Item #16

Briefly explain the purpose for which contributions will be used.

Item #17

Briefly and concisely list the main activities in which your organization participates in order to accomplish the purpose stated in the previous question.

Item #18

Answer as directed by checking appropriate box.

Item #19

Answer as directed by checking appropriate box.

Item #20

Answer as directed by checking appropriate box and provide explanation, if applicable.

Item #21

Answer as directed by checking appropriate box and provide documentation, if applicable. **Note: This includes, but is not limited to, any assurance of voluntary compliance or settlement agreement entered into with any regulatory agency, State Attorney General's Office, federal agency or law enforcement agency, including this department.**

Item #22

Answer as directed by checking appropriate box and attach contract, if applicable. We must have a current contract on file for each solicitor you employ. Include the solicitor's Florida registration number and fill in the effective and termination dates on the blanks indicated. **Note: A charitable organization or sponsor must not enter into any contractual agreement with or employ a solicitor unless the solicitor is registered with this department.** [s. 496.411(5), F.S.]

Item #23

Answer as directed by checking appropriate box and attach contract, if applicable. We must have a current contract on file for each professional fundraising consultant you employ. Include the fundraising consultant's Florida registration number and fill in the effective and termination dates on the blanks indicated. **Note: A charitable organization or sponsor must not enter into any contractual agreement with or employ a professional fundraising consultant unless the consultant is registered with this department.** [s. 496.411(5), F.S.]

Item #24

Indicate by checking the appropriate box which type of financial report you are filing. Only newly established organizations with no financial history may submit a budget for the current year. The financial statement on pages 6 and 7 may be used to prepare a budget. **ONLY THE FOLLOWING WILL BE ACCEPTED FOR ALL OTHER ORGANIZATIONS:**

- IRS form 990 with all attached schedules
- IRS form 990-EZ and Schedule O
- the financial statement on pages 6 and 7.

We cannot accept the 990-PF, 990-N, E-Postcard or 990-T or any other type of tax return. We cannot accept quarterly reports or audited reports without the form 990. You may submit these types of financial documents in addition to the required financial information, but they cannot be a substitute for one of the 4 acceptable financial reports mentioned above. **If sending multiple financial forms, they must be consolidated prior to submission on the department’s financial report on pages 6 and 7.**

Item #25

If a sponsor, answer questions a – d as directed.

Item #26

List the name and contact information for the person responsible for completing the application.

PARENT ORGANIZATIONS / PARENT SPONSORS

You must submit financial reports for the parent organization and **each** chapter, branch, or affiliate listed in question #8a of the Registration Application. However, *if* all contributions received by the chapters, branches, or affiliates are remitted directly into a depository account which feeds directly into the parent organization’s centralized accounting system from which all disbursements are made, the parent organization may submit one consolidated financial statement or IRS form 990 with all attachments, or form 990-EZ and Schedule O. If you are submitting individual tax returns or financial statements for each chapter, branch or affiliate, please complete the financial statement as a **consolidated** financial report (i.e. the financial information for all branches should be combined with the main parent organization into a single financial report upon which one registration fee will be based.)

IMPORTANT: Every charitable organization or sponsor which is required to register under s. 496.405, F.S., must conspicuously display in capital letters the following statement on every printed solicitation, written confirmation, receipt, or reminder of a contribution: “A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE.” The statement must include a toll-free number for the division that can be used to obtain the registration information. When the solicitation consists of more than one piece, the statement must be displayed prominently in the solicitation materials. **The toll-free number of the department is 1-800-HELP-FLA (435-7352) – calling from within the state of Florida, or (850) 410-3800 – calling from outside of Florida.**

REGISTRATION FEES FOR CHARITABLE ORGANIZATIONS/SPONSORS [s. 496.405(4)(a), F.S.]

GUIDE FOR CALCULATING FEES:

Due to the diversity in reporting practices, this should only be used as a guide.

When submitting lists for clarification, acronyms and abbreviations should not be used.

Duly registered 501(c) entities may be determined by accessing the [Gift Givers’ Guide](http://www.800helpfla.com) at www.800helpfla.com.

Pursuant to s. 496.404(5), F.S., “Contribution” means the promise, pledge, or grant of any money or property, financial assistance, or any other thing of value in response to a solicitation. “Contribution” includes, in the case of a charitable organization or sponsor offering goods and services to the public, the difference between the direct cost of the goods and services to the charitable organization or sponsor and the price at which the charitable organization or sponsor or any person acting on behalf of the charitable organization or sponsor resells those goods or services to the public.

“Contribution” does not include bona fide fees, dues, or assessments paid by members, provided that membership is not conferred solely as consideration for making a contribution in response to a solicitation. “Contribution” also does not include funds obtained by a charitable organization or sponsor pursuant to government grants or contracts, or obtained as an allocation from a United Way organization that is duly registered with the department or received from an organization that is exempt from

federal income taxation under s. 501(a) of the Internal Revenue Code and described in s. 501(c) of the Internal Revenue Code that is duly registered with the department.

Contributions may be from the following sources:

- public;
- in-kind non-cash values;
- federated campaign revenues less revenues received from a duly registered 501(c) (a list should be submitted including complete name and amounts);
- “pass through” revenues less revenues received from a duly registered 501(c) (a list should be submitted including complete name and amounts);
- net from fundraising events;
- related organizations less revenues form a duly registered 501(c) (a list should be submitted including complete name and amounts);
- net program service revenue (program service revenue minus revenue from government contracts, i.e. medicare, medicaid, less program service expense);
- royalties;
- net rent less rents received from a duly registered 501(c) (a list should be submitted including complete name and amounts);
- net revenue from sale of donated assets;
- net revenue from gaming;
- net from sale of inventory;
- other miscellaneous revenues.

Non-contributions may be from the following sources:

- revenues from duly registered 501(c) entities (a list should be submitted including complete name and amounts);
- membership dues;
- revenues from direct government grants (a list should be submitted including complete name and amounts);
- revenues from government contracts (a list should be submitted including complete name and amounts);
- dividends, interests, etc.;
- sale of assets from investments.

For contributions received the preceding fiscal year:

	Fee
a. Less than \$5,000 with or without paid officers	\$ 10
b. \$25,000 or less, no compensated employees, no part of the assets or income inures to the benefit of any officer or member, or no professional solicitors/consultants	\$ 10
c. \$5,000 or more, but less than \$100,000	\$ 75
d. \$100,000 or more, but less than \$200,000	\$ 125
e. \$200,000 or more, but less than \$500,000	\$ 200
f. \$500,000 or more, but less than \$1,000,000	\$ 300
g. \$1,000,000 or more, but less than \$10,000,000	\$ 350
h. \$10,000,000 or more	\$ 400

Note: A parent organization or sponsor filing on behalf of one or more chapters, branches, or affiliates shall total all contributions received by them to determine registration fees.

LATE FEES

A charitable organization or sponsor which fails to renew their registration by the annual due date or 60 day extension date shall be assessed a late fee of \$25 for each month or part of a month from the date of expiration. Charitable organizations or sponsors may request a 60 day extension by contacting the department. *[s. 496.405(4)(b), F.S.]*

SEND COMPLETED REGISTRATION APPLICATION AND A CHECK OR MONEY ORDER, MADE PAYABLE TO FDACS:

Florida Department of Agriculture and Consumer Services
Solicitation of Contributions
P.O. Box 6700
Tallahassee, FL 32314-6700

Mail overnight packages to:

Florida Department of Agriculture and Consumer Services
Solicitation of Contributions
407 S. Calhoun St., First Floor
Attention: Finance and Accounting
Tallahassee, FL 32399-0800



Florida Department of Agriculture and Consumer Services
Division of Consumer Services

CHARITABLE ORGANIZATIONS / SPONSORS
REGISTRATION APPLICATION

ADAM H. PUTNAM
COMMISSIONER

Solicitations of Contributions Act
Chapter 496, Florida Statutes
Rule 5J-7.004, Florida Administrative Code

Make Check or Money Order
Payable to FDACS and remit
with application to:

FDACS
P.O. Box 6700
Tallahassee, FL 32314-6700

1-800-HELP-FLA (435-7352) • 850-410-3800 Calling Outside Florida
www.800helpfla.com • 850-410-3804 Fax

All documents and attachments submitted with this application are subject to public review pursuant to Chapter 119, F.S. PLEASE TYPE OR PRINT. Additional pages may be attached if additional space is needed. All fees are non-refundable.

Business Information

[] New Application [] Renewal CH _____

1. Legal Name of Organization:

* Fictitious (DBA) Name:

*If you are a Florida organization, all fictitious names must be registered with the Florida Department of State, Division of Corporations. If business is a corporation then 'Name' is the legal name of the business as listed with the Division of Corporations.

Other Names Soliciting As:

2. Street Address (include APT or SUITE # in all address lines; addresses must match those filed with the Division of Corporations):

City: State: Zip Code: -

Mailing Address (if different from above):

City: State: Zip Code: -

3. Telephone Number:

Fax Number:

() - () -

Email Address for Organization:

Website:

4. Registration Application Type: [ss. 496.404(1), 496.404(15), 496.404(21), F.S.]

[] Charitable [] Charitable/Parent [] Sponsor [] Sponsor/Parent

5. Form of organization: [ss. 496.405(2) (f), 496.409(2) (b), 496.410(2) (b), (c), F.S.]

[] Corporation [] LLC [] Partnership [] Sole Proprietorship
[] Other (please describe):

Date incorporated or legally established:

State:

Month / Day / Year

6. Federal Employer ID Number [s. 119.092, F.S.]:

Org Code: 42 10 06 25 000
EO: A2
Object Code: 001133 \$10.00 - \$400.00

7. List all officers, directors, trustees, and principal salaried executive personnel: [s. 496.405(2)(g)2, F.S.]

(attach additional sheets as necessary using the same format)

Name:

Title:

Street Address:

City:

State: _____ **Zip Code:** _____ - _____
Telephone Number: _____ **Compensated?**
(_____) _____ - _____ Yes No
Criminal History: Yes No
Exempt from public records [s. 119.071(4), F.S.] Yes No

Name:

Title:

Street Address:

City:

State: _____ **Zip Code:** _____ - _____
Telephone Number: _____ **Compensated?**
(_____) _____ - _____ Yes No
Criminal History: Yes No
Exempt from public records [s. 119.071(4), F.S.] Yes No

Name:

Title:

Street Address:

City:

State: _____ **Zip Code:** _____ - _____
Telephone Number: _____ **Compensated?**
(_____) _____ - _____ Yes No
Criminal History: Yes No
Exempt from public records [s. 119.071(4), F.S.] Yes No

Name:

Title:

Street Address:

City:

State: _____ **Zip Code:** _____ - _____
Telephone Number: _____ **Compensated?**
(_____) _____ - _____ Yes No
Criminal History: Yes No
Exempt from public records [s. 119.071(4), F.S.] Yes No

Name:

Title:

Street Address:

City:

State: _____ **Zip Code:** _____ - _____
Telephone Number: _____ **Compensated?**
(_____) _____ - _____ Yes No
Criminal History: Yes No
Exempt from public records [s. 119.071(4), F.S.] Yes No

Name:

Title:

Street Address:

City:

State: _____ **Zip Code:** _____ - _____
Telephone Number: _____ **Compensated?**
(_____) _____ - _____ Yes No
Criminal History: Yes No
Exempt from public records [s. 119.071(4), F.S.] Yes No

8a. List all branch offices, chapters or affiliates located in the State of Florida. (attach additional sheets as necessary using the same format)

Name: <hr/>	Name: <hr/>
Street Address: <hr/>	Street Address: <hr/>
City: <hr/>	City: <hr/>
State: Zip Code: <hr/>	State: Zip Code: <hr/>
Telephone Number: () -	Telephone Number: () -
Email: <hr/>	Email: <hr/>

8b. If the charitable organization or sponsor does not maintain an office in Florida, provide the name, street address, and telephone number of the person having custody of the financial records.

Name: _____ **Title:** _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Telephone Number: () - **Email:** _____

9. Have the charitable organization or sponsor or any of its officers, directors, trustees, or employees, regardless of adjudication, been convicted of, or found guilty of, or pled guilty or nolo contendere to, or been incarcerated within the last 10 years as a result of having previously been convicted of, or found guilty of, or pled guilty or nolo contendere to, any felony within the last 10 years? [s. 496.405(2)(d)5, F.S.]

Yes **No** **If yes,** please provide the following information for each individual: (attach additional sheets as necessary using the same format) **Please Note** individuals with a criminal history are unable to solicit funds.

Name: _____

Nature of offense: _____ **Date:** _____ / _____ / _____
Month Day Year

Court having jurisdiction: _____

Disposition of offense: _____ **Date:** _____ / _____ / _____
Month Day Year

Does this individual engage in solicitation activities? **Yes** **No**

10. Have the charitable organization or sponsor or **any of its officers, directors, trustees, or employees**, regardless of adjudication, been convicted of, or found guilty of, or pled guilty or nolo contendere to, or been incarcerated within the last 10 years as a result of having previously been convicted of, or found guilty of, or pled guilty or nolo contendere to, any crime involving fraud, theft, larceny, embezzlement, fraudulent conversion, misappropriation of property, or any crime enumerated in this chapter or resulting from acts committed while involved in the solicitation of contributions within the last 10 years?
[s. 496.405(2)(d)6, F.S.]

Yes **No** If yes, please provide the following information for each individual: (attach additional sheets as necessary using the same format)

Name: _____

Court issuing the injunction: _____ **Date of injunction:** _____ / _____ / _____
Month Day Year

11. List name of person(s) with primary responsibility for solicitation or fundraising activities: [s. 496.405(2)(c), F.S.]

Name:	Street Address:	Telephone Number:
_____	_____	_____
Name:	Street Address:	Telephone Number:
_____	_____	_____

Criminal History: **Yes** **No**

12. List the name, address, and telephone number(s) of person(s) responsible for the custody and final distribution of contributions: [s. 496.405(2)(g)5, F.S.]

Name:	Street Address:	Telephone Number:
_____	_____	_____
Name:	Street Address:	Telephone Number:
_____	_____	_____

Criminal History: **Yes** **No**

13. Month/Day fiscal year ends: [s. 496.405(2)(g)3, F.S.] _____ / _____
Month Day

14. Has organization been granted tax exempt status by the Internal Revenue Service? [s. 496.405(2)(f), F.S.]

- Yes** 501(c)_____ **If yes, you must attach a copy of the tax exemption determination letter from the IRS.**
(insert number)
- No**
- Pending** (tax exemption determination letter must be submitted with renewal)

15. What is the purpose for which the organization is organized? (Briefly and concisely explain the purpose for which your organization was created. For purposes of public assistance and disclosure this office provides, it is best to summarize this information in your own words. Use only the space provided.) [s. 496.405(2)(b), F.S.]

16. What is the purpose for which the contributions will be used? (Briefly and concisely explain the purpose for which contributions will be used. Use only the space provided. Do not reference 990 or include an attachment.) [s. 496.405(2)(b), F.S.]

17. List major program activities: (Briefly and concisely list the main activities in which your organization participates in order to accomplish the purpose stated in the previous question. Use only the space provided.) [s. 496.405(2)(g)4, F.S.]

18. Is this charitable organization/sponsor authorized by any other state to solicit contributions? [s. 496.405(2)(d)1, F.S.]

Yes No

19. Has the charitable organization/sponsor or any of its officers, directors, trustees, or principal salaried executive personnel been enjoined in any jurisdiction from soliciting contributions or been found to have engaged in unlawful practices in the solicitation of contributions or administration of charitable assets? [s. 496.405(2)(d)2, F.S.]

Yes No

20. Has the charitable organization/sponsor had its registration or authority denied, suspended, or revoked by any governmental agency? [s. 496.405(2)(d)3, F.S.]

Yes No **If yes,** please explain the reasons for the denial, suspension or revocation:

21. Has the charitable organization/sponsor voluntarily entered into an assurance of voluntary compliance (AVC) or agreement similar in any jurisdiction to that set forth in s. 496.420, Florida Statutes? (This is not common.) [s. 496.405(2)(d)4, F.S.]

Yes No **If yes,** attach a copy of the agreement.

22. Does the charitable organization or sponsor employ a professional solicitor? [s. 496.405(2)(e), F.S.]

Yes No **If yes,** attach a copy of the current contract, and provide the following information for each.
(attach additional sheets as necessary using the same format)

Name:

Address:

City: _____ State: _____ Zip Code: _____ - _____

Telephone Number:
(_____) _____ - _____

Florida Registration Number:
SS- _____

Dates of contract:

Beginning Date: _____ / _____ / _____
Month Day Year

End Date: _____ / _____ / _____
Month Day Year

23. Does the charitable organization or sponsor employ a professional fundraising consultant? [s. 496.405(2)(e), F.S.]

Yes No (attach additional sheets as necessary using the same format)

Name:

Address:

City: _____ State: _____ Zip Code: _____ - _____

Telephone Number:
(_____) _____ - _____

Florida Registration Number:
FC- _____

Dates of contract:

Beginning Date: _____ / _____ / _____
Month Day Year

End Date: _____ / _____ / _____
Month Day Year

24. Indicate the type of financial report you are filing for the immediately preceding fiscal year: [s. 496.405(2)(a), F.S.]

- Budget (new organizations only)
- Department's financial report form - **See pages 7 and 8**
- 990 and all attachments - **See item #24 of instructions for completing the Financial Report**
- 990-EZ and Schedule O - **See item #24 of instructions for completing the Financial Report**

ONLY SPONSORS NEED TO ANSWER THE FOLLOWING QUESTIONS:

25. If a sponsor, answer the following: [s. 496.426, F.S.]

a. Does the organization consist of members who are individuals of whom at least 10% or 100 members, whichever is less, are actively employed as law enforcement officers or emergency service employees by an agency of the United States, this state, a municipality, or a political subdivision of this state, and who personally sign written membership agreements with the organization and **pay an annual membership of not less than \$10 a member?**

Yes **No**

b. Total number of sponsor's members:

c. Total number of members actively employed as law enforcement or emergency service employees:

d. Percentage of total net contributions, which are dispersed in the state on behalf of its members in furtherance of its stated purposes or programs (defined as the total amount of all contributions raised minus the total cost of expenses incurred in raising contributions solicited):

_____ %

CONTACT PERSON

26. Person responsible for completing this application:

Name: _____ **Telephone Number:** _____ **Email:** _____

CERTIFICATION

I, _____, am the _____
name *Title*
of _____
Name of Organization or Company

- I am the individual who has completed the foregoing Solicitation of Contributions Registration Application;
- I have read the registration application and know the contents thereof; and
- The registration application is made for the purpose of complying with the provisions of Chapter 496, Florida Statutes, Solicitation of Contributions Act;

I certify that I am authorized to complete this registration application and that the information provided is true and accurate.

_____ *Signature* _____ *Printed Name* _____ *Date*

(_____) _____ - _____
Telephone Number *Email Address*

FINANCIAL STATEMENT

(Organization Name)

FINANCIAL STATEMENT OF SUPPORT/REVENUE AND EXPENSES FOR FISCAL YEAR ENDING ____/____/____

NOTE: In lieu of completing the following financial statement, you may send the IRS 990 and all attached schedules or 990-EZ and Schedule O. Page 8 must be completed. Totals of columns B, C & D must equal items 10, 11 & 12 respectfully on page 7. Total of column A must equal item 13 on page 7.

Is this a consolidated financial statement? Yes No

REVENUE

1. Contributions, gifts, grants, and similar amounts received

- a. Direct public support (attach list of charitable organizations or sponsors, professional solicitors, fundraising consultants and commercial co-venturers used, if any, and the amounts received from each of them, if any. [s. 496.407(1)(c), F.S.]) 1a. _____
- b. Indirect public support (attach list of sources and amounts) 1b. _____
- c. Grants (attach list of sources and amounts) 1c. _____
- d. Total (add lines 1a, 1b, and 1c) **1d.** _____

2. Inventory sales

- a. Gross sales 2a. _____
- b. Less cost of goods sold 2b. _____
- c. Gross profit (or loss) (line 2a less line 2b) **2c.** _____

3. Special events and fundraising activities

- a. Gross revenue (not including contributions reported on line 1) 3a. _____
- b. Less direct expenses 3b. _____
- c. Net income (or loss) (line 3a less line 3b) **3c.** _____

4. Program service revenue **4.** _____

5. Membership dues and assessments **5.** _____

6. Sale of assets other than inventory

- a. Gross sales 6a. _____
- b. Less sales expenses 6b. _____
- c. Net gain (or loss) (line 6a less line 6b) **6c.** _____

7. In-kind contributions and services **7.** _____

8. Other revenue (attach list of sources and amounts) **8.** _____

9. TOTAL REVENUE (add lines 1d, 2c, 3c, 4, 5, 6c, 7, and 8) **9.** _____

EXPENSES

- 10.** Program services (including payments to affiliates) **10.** _____
- 11.** Management and general **11.** _____
- 12.** Fundraising **12.** _____
- 13. TOTAL EXPENSES (add lines 10, 11, and 12)** **13.** _____

NET ASSETS

- 14. Excess (or deficit) for the year (line 9 less line 13)** **14.** _____
- 15.** Net assets or fund balance at beginning of year **15.** _____
- 16.** Net assets or fund balance at end of year **(add lines 14 and 15)** **16.** _____

Balance Sheet:

	(A) Beginning of Year	(B) End of Year
Cash, savings and investments	_____	_____
Land and building	_____	_____
Other assets (describe on separate sheet)	_____	_____
Total assets	_____	_____
Total liabilities (describe on separate sheet)	_____	_____
Total assets or fund balance	_____ (Line 15)	_____ (Line 16)

Statement of Functional Expenses

	(A) Total (sum of B, C, D)	(B) Program Services	(C) Management and General	(D) Fundraising
Grants and Allocations (cash _____ non-cash _____) (attach schedule)				
Assistance to individuals (attach schedule)				
Benefits to members (attach schedule)				
Compensation to officers, etc.				
Other salaries, wages, etc.				
Other benefits, pensions, etc.				
Payroll taxes				
Professional fundraising fees				
Accounting fees				
Legal fees				
Supplies				
Telephone				
Postage and shipping				
Equipment rental				
Occupancy				
Printing				
Travel				
Conferences and meetings				
Interest				
Insurance				
Other (describe)				
Other (describe)				
Other (describe)				
Other (describe)				
Total Expenses				