VIRGINIA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES OFFICE OF CHARITABLE AND REGULATORY PROGRAMS

PO Box 526, Richmond, VA 23218-0526 Phone: 804-786-1343 • www.vdacs.virginia.gov

OCRP-102 Revised 11/21

REMITTANCE FORM CHARITABLE ORGANIZATION FORM 102

YOU MUST USE THIS FORM TO RECEIVE PROPER CREDIT OF YOUR FEE(S)

| Organization name: | | |
|--|------------------------------------|---|
| Address: | | |
| from the end of the organization's most | the annual fee parecently complete | ayment, is due every year, on the fifteenth day of the fifth monthed fiscal year, unless the organization has requested an extensior |
| | initial fee. If the | organization has prior financial history, the organization is <u>also</u> nocial history are not required to pay an annual fee. |
| Late: If your registration has lapsed, you never pay an initial and late registration | | to pay the \$100 late fee and the annual registration fee. You wil <mark>l time.</mark> |
| Annual: See page seven of Form 102 f | for annual registra | ation fee calculations. |
| Initial Registration Fee (\$100): | \$ | _(910-02184) |
| Late Registration Fee (\$100): | \$ | _(910-02184) |
| Annual Registration Fee: | \$ | _(910-02619) |
| (See pg. 7 of Form 102) | | |
| Total Fees: | \$ | - |
| To assist us in tracking your payment, please enter your Check Number : | | _ |

MAKE CHECKS PAYABLE TO: TREASURER OF VIRGINIA

The Code of Virginia authorizes state agencies to assess interest, administrative charges and penalty fees for returned checks and past-due accounts in accordance with guidelines promulgated by the Department of Accounts.

PLEASE ATTACH COMPLETED REMITTANCE FORM TO FRONT OF REGISTRATION FORM WITH CHECK ATTACHED AND MAIL TO:

Virginia Department of Agriculture and Consumer Services
P.O. Box 526
Richmond, VA 23218-0526

VIRGINIA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES OFFICE OF CHARITABLE AND REGULATORY PROGRAMS

PO Box 526, Richmond, VA 23218-0526 Phone: 804-786-1343 • www.vdacs.virginia.gov

OCRP-102 Revised 11/21 Form 102, Page 1

REGISTRATION STATEMENT FOR A CHARITABLE ORGANIZATION FORM 102

Please choose the type of registration:

| Initial Registration | _ |
|----------------------|---|
| OR | |
| Annual Renewal | |

Unless otherwise noted, all information provided on this form and attachments must be for the **CURRENT** fiscal year. Financial reports (except budgets) will be for the most recently completed fiscal year. Any change in information filed must be submitted to the Office of Charitable and Regulatory Programs (OCRP) within seven (7) days of the change.

All questions **MUST** be answered. If a question does not apply, then indicate "NO or "N/A". Failure to properly complete this form or to submit all additional documentation required by any applicable section of the Rules Governing the Solicitation of Contributions will result in an incomplete registration. Your organization may not solicit in the Commonwealth of Virginia until it is properly registered.

| 1. | Organization's legal name: | | | |
|----|--|----------------------------|-------------------------------|-----------|
| 2. | List any other names under which you may solicit contributions | s in Virginia: | | |
| 3. | Required primary address: | | | |
| | City | State | Zip Code | |
| | "Primary address" means the bona fide physical street address of the organiz to §57-49.2 of the Code of Virginia, if the organization does not maintain an offi records. | ration or sole proprietor. | P.O. Boxes will not be accept | |
| 4. | Does the organization maintain any other offices in Virginia? | | | |
| | Yes No If "Yes," then attach a list of the add | resses and telephon | e numbers for those office | ces. |
| | "Other offices" will include locations where the organization may administer a p include the names and addresses of chapters, branches or affiliates soliciting in | | | |
| 5. | Mailing address if different from primary address above: | | | |
| | City | State | Zip Code | |
| 6. | Other contact information: | | | |
| | Telephone, including area code | Fax, including | area code | |
| | Internet URL | Organization's | official e-mail address* | |
| | *The Official E-mail address entered above will be us | sed for the notific | ations unless alterna | ite email |

preference is indicated here:

of

REGISTRATION STATEMENT FOR A CHARITABLE ORGANIZATION Form 102, Page 2

| 7. | Location | ons of other chapters, branches, affiliates: | | | | | |
|-----|-------------|--|---|------------|----------------|------------|-----------|
| | Does t | the organization have any chapters, branches or affiliat | es in Virginia? | L Ye | s | No | |
| | If "Yes | s," | | | | | |
| | i) | Attach a list of the affiliates' names, addresses and to | elephone number | rs. | | | |
| | ii) | Are the income and expenses of these affiliates inclu | ded in your orga | nization's | financial sta | tement? | |
| | | If "Yes," a joint registration may be issued to the par organizations whose finances are reported jointly wit the Rules Governing the Solicitation of Contribut qualifies to file a consolidated or joint registration | h the parent orga i <mark>ons for informa</mark> | nization. | Please refe | er to 2VAC | 5-610-30 |
| 8. | Please | e check one: | | | | | |
| | | Type of organization | | | | | |
| | | Corporation | | | | | |
| | | Partnership | | | | | |
| | | Other (specify): | | | | | |
| 9. | Date o | of incorporation or formation: | _ | | | | |
| 10. | In wha | at city was the organization legally established? | | | | | |
| | | City | | | Stat | 9 | |
| 11. | What is | s the main purpose of the charitable organization? | | | | | |
| | | | | | | | |
| | | | | | | | |
| 10 | Nama | and address of designated agent for receipt of presses | (convice of local | dooumon | ota) within th | - Common | |
| 12. | Virginia | and address of designated agent for receipt of process a. NOTE: If no agent is designated, the organization | n shall be deem | ed to hav | re designate | ed the Sec | retary of |
| | the Co | ommonwealth. | | | | | |
| | | | | | | | |
| | Name | and Company Name | | | | | |
| | Addres | SS | | | | | |
| | | | | _ | | | |
| | City | | State | | Zip Code | | |
| 13. | Organi | ization's fiscal year: | | | | | |
| | a) Da | ates of the CURRENT fiscal year: From: | | _ To: | | | |
| | b) Ha | as the organization recently changed its fiscal year? | Yes | | lo | | |
| | If ' | "Yes," then provide the dates of the "short" fiscal year: | | | | | |
| | ⊑ r. | rom: To: | | | | | |
| | | rom: To: | | | | | |
| 14. | Is the | organization exempt under the Internal Revenue Code | ? ` | Yes | No | | |

| 15. | Key | personnel: | |
|-----|------|--|--|
| | a) | Full name and title of the individuals having signatory power over the organization | tion's funds: |
| | | | |
| | b) | Full name and title of the individuals who approve the organization's budget: | |
| | | | |
| | c) | Has the organization, or any officer, professional fund-raiser or professional so convicted of a felony? Yes No If "Yes," then attach a statement providing a | |
| | d) | For the CURRENT fiscal year, attach a listing of the organization's officer principal salaried executive staff which includes names, addresses, and t listing provided in the IRS Form 990. <u>Note:</u> Your registration will be considered not include titles. Addresses are not required if the named individuals are to be primary address. | itles. We will <u>not</u> accept the dincomplete if the listing does |
| 16. | Fina | ancial statements – please complete the following calculations using your financ | cials from the most recently |
| | | npleted fiscal year. In order to complete VDACS Form 102, organizations vancials to list fundraising and management expenses: | will need to refer to internal |
| | 16(| A): Percentage of fundraising expenses: 1) Total amount of contributions received directly from the public: (found on the IRS Form 990, Page 9, Part VIII, line 1h / 990EZ, Page 1, Part 1, | \$ |
| | 2 | Line 1 (less government grants) Total spent on fundraising, including contracts with professional fundraising counsel or professional solicitors: (found on IRS Form 990, Page 10, Part IX, Line 25, Column D / 990EZ, Page 1, Part 1, Line 13) | \$ |
| | 3 | Percent of fundraising expenses: (found on this form, OCRP-102, Line 16A(2) divided by Line 16A(1)) | % |
| | 2 | For federated fundraising organizations ONLY: State the percentage withheld from a donation designated for a member agency. | % |
| | 16(| B): Percentage of charitable services expenses: | |
| | • | Total amount of expenses dedicated to providing charitable services: (found on IRS Form 990, Page 10, Part IX, Line 25, Column B / 990EZ, Page 2, Part III, Line 32) | \$ |
| | 2 | Protocolor of the organization: (found on IRS Form 990, Page 10, Part IX, Line 25, Column A / 990EZ, Page 1, Part 1, Line 17) | \$ |
| | (| Percent of program services expenses: (found on this form, OCRP-102, Line 16B(1) divided by Line 16B(2)) | % |

| | 1) _F | Γotal am | ount of expe | nses de | ive expense dicated to ad Line 25, Colu | ministrative | | | \$ | | _ |
|-----|-----------------|-----------------------------|-------------------------------|----------------------------|---|-----------------------------|------------------------|------------------|--|--------------|----------|
| | | | | | the organizat lumn A / 990l | | | | \$ | | _ |
| | , | | of administra C(1) divided | | enses: (found 16C(2)) | d on this fo | m, OCRP-10 | 2, | | | _% |
| 17 | | | or telephone | | licit contributi tions, special | | | | g corporate gr | ant propos | als, |
| 18. | Does raising | the orga g organiz Ye | zations, etc.) | nd to hat conduct No | ve others out t solicitations | side the org on its beha | ganization (e. llf? | g. volunteers | s, federated fu | nd- | |
| 19. | | ct any a ation? | | ding pla | nning, manag | ging, or car estion 19, | rying out) of a | a completed, | act with any p current or upo gement with yo | coming | |
| | | Х | Category | Type of | Arrangement | | | | | | |
| | | | Α | A bona t | fide, salaried offi | cer or employ | ee of the charita | ble organization | or its parent orga | anization | |
| | | | В | An outsi | de consultant or | professional | fundraising coun | sel | | | |
| | | | С | A paid p | orofessional solic | itor | | | | | |
| | If in C | uestion | 19 either B | or C ar | e checked, t | hen please | provide the f | ollowing info | rmation: | | |
| | | | | | of the profess vas previously | | | | onal solicitor(s | s) and note | ; |
| | | | | | | | | | | | |
| 20. | a | s requir | ed by Section | on 57-54 | 4 of the Code | e of Virgini | a. | | e not previou | • | itted |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 21. | Has th | n <u>e org</u> an | ization been | authoriz | zed by any otł | her state or | government | al agency to | solicit contribu | ıtions? | |
| | | ∐ Y€ | es L | No | If "Yes," th | nen name a | ıll such agend | ies. Submit | an attachment | t if necessa | ary. |
| | | | | | | | | | | | |

| 22. | Is the or CURRE | gani NTL | zation, c .Y enjoir | or any oned by a | fficer, p any cou | professional fund-raising counsel, or professional solicitor for the organiza art or otherwise prohibited from soliciting in any jurisdiction? | ation |
|-----|--|------------------------------|--|--|--|---|--|
| | | | Yes | | No | If "Yes," then attach a copy of the Order that states the reasons and t period for the injunction or prohibition. | ime |
| 23. | in any ju | ırisd | iction of | embez | zlemen | raising counsel, or professional solicitor for the organization ever been c it, larceny or other crimes involving the obtaining of money under false funds impressed with a trust? | onvicted |
| | | | Yes | | No | If "Yes," then attach a copy of the court Order that states the reasons the conviction, or a copy of any applicable pardon. | for |
| 24. | Please i year (ch | | | | solicitat | ion activities that your organization may pursue during the current fiscal | |
| | | Х | Type of | Solicitat | ion | | |
| | | | Telephoi | ne | | | |
| | | | Direct m | ail | | | |
| | | | Internet | | | | |
| | | | Special 6 | events | | | |
| | | | Door-to- | door | | | |
| | | | Persona | l contact | | | |
| | | | Other (S | pecify): | | | |
| 25. | shall bed You are you do r submitte | com req not p ed to | e public uired by provide to OCRP | records law to he requ within | in the supply iired inf seven | nformation required to be filed under Chapter 5 of Title 57 of the Code of Office of the Commissioner, and shall be open to the general public for in this information as a prerequisite to the solicitation of charitable contribitormation, you may not solicit in Virginia. Any change in information filed (7) days of the change. In order to assist you in determining whether please respond to the following: | nspection. outions. If d must be |
| | i) Are a | ll qu | estions o | on the f | orm an | swered? | |
| | | | Yes | | No | If "No," then the registration will be considered incomplete. | |
| | ii) Are a | ıll re | quired a | ttachm | ents inc | cluded (see page 7 for "Checklist of Required Attachments")? | |
| | | | Yes | | No | If "No," then the registration will be considered incomplete. | |
| | | | | | | | |

26. OATH OR AFFIRMATION. (MUST BE WET INK SIGNATURES)

*Two (2) different officers must sign this registration form. The original signature page (page 6) must then be filed with the Office of Charitable and Regulatory Programs. Copies are not allowed.

We, the undersigned chief fiscal officer (chief financial officer, or treasurer) and president (or other authorized officer, if president is unavailable to sign), duly authorized to act on behalf of the organization for which this statement is made, certify that this statement and including any accompanying appendices have been examined by us and are, to the best of our knowledge and belief, true, correct and complete pursuant to the laws of the Commonwealth of Virginia.

We affirm and attest that no funds have been or will knowingly be used, directly or indirectly, to benefit or provide support, in cash or in kind, to terrorists, terrorist organizations, terrorist activities, or the family members of any terrorist. We understand that no person shall be registered by the Commonwealth or by any locality to solicit funds that are intended to benefit or support a family member of any terrorist.

| Wet ink signature of the chief fiscal officer, chief financial officer, or treasurer Kevin Ginnerty | Wet ink signature of the president or other authorized officer William Montgomery | | | |
|--|--|--|--|--|
| Print name | Print name | | | |
| Treasurer | Vice President | | | |
| Title | Title | | | |
| 11/15/2022 | 11/15/2022 | | | |
| Date | Date | | | |

Section 57-61.1.A. of the Code of Virginia states that "Registrations by charitable organizations, professional solicitors, and professional fund-raising counsel *are effective, if complete, upon receipt* by the Commissioner." For more information on determining whether your registration is complete, see: http://www.vdacs.virginia.gov/consumer/pdf/oca-102registration.pdf.

Rules Governing the Solicitation of Contributions: http://www.vdacs.virginia.gov/forms-pdf/cp/oca/charitable/ocasolicitationreg.pdf.

^{*}The persons signing this form as chief fiscal officer (chief financial officer/treasurer) and president (or other authorized officer) **must be** designated by title on the current fiscal year's list of officers, directors, trustees, and principal salaried executive staff (see §57-49.D. of the Code of Virginia).

SCHEDULE OF REGISTRATION FEES

| FEE C | RITERIA* | | | | | | |
|--|--|--|--|--|--|--|--|
| \$30 | If your gross contributions for the preceding year do not | t exceed \$25,000 | | | | | |
| \$50 | exceed \$50,000 | | | | | | |
| \$100 | exceed \$100,000 | | | | | | |
| \$200 If your gross contributions exceed \$100,000, but do not exceed \$500,000 | | | | | | | |
| \$250 | If your gross contributions exceed \$500,000, but do not | exceed one million dollars | | | | | |
| \$325 | If your gross contributions exceed one million dollars | | | | | | |
| | iross contributions" means the total contributions receive vernment grants (this amount is found on Line E under Cor | | | | | | |
| | ganizations with no prior financial history filing an initial regi 00. | istration shall be required to pay an initial fee of | | | | | |
| | ganizations with prior financial history filing an initial registration to the applicable annual registration fee. | ation shall be required to pay an initial fee of \$100 in | | | | | |
| | organization which allows its registration to lapse shal nual registration fee. | l be required to pay a \$100 late fee in addition to | | | | | |
| | *COMPUTATION OF FEE | CRITERIA | | | | | |
| | the diversity in reporting, the following computation should bregistration fee. | pe used as a guide for calculating the required | | | | | |
| Γotal co | ontributions, gifts, grants, etc. (IRS Form 990, Part VIII, Line | 1h) A | | | | | |
| Subtrac | <u>ct</u> | | | | | | |
| • | Funds received from federated fundraising organization (F | FO)** | | | | | |
| | (IRS Form 990, Part VIII, Line 1a): | В | | | | | |
| • | Government Grants (IRS Form 990, Part VIII, Line 1e) | C | | | | | |
| Γotal De | eductions (add Lines B and C) | D | | | | | |
| GROSS | CONTRIBUTIONS (subtract Line D from Line A) | E | | | | | |
| The fedomissi | erated fundraising organization (FFO), as defined in §57-48 ioner to qualify for subtraction of funds in the fee computation | B of the Code, must register annually with the on. Enter the complete name of the FFO below: | | | | | |

Name of FFO:

FORM 102 - CHECKLIST OF REQUIRED ATTACHMENTS

| Х | ALL Registrants MUST file the following Items: |
|---|---|
| | Remittance form and check, made payable to "Treasurer of Virginia." |
| | Listing of <u>names</u> , <u>titles</u> , and addresses of <u>the current</u> officers, directors, trustees, and any principal salaried executive staff. Titles are required ; addresses are not required if the named individuals are to be contacted at the organization's primary address. We will <u>not</u> accept the listing included in the most recently completed IRS Form 990 since that listing is not for the current year. |
| | Financial report. All organizations with prior financial history shall file a copy of one of the following: |
| | (1) The most recently completed IRS Form 990, 990-PF, or 990-EZ, with all schedules, as required by the IRS, except Schedule B, and with all attachments, as filed with the IRS. The form <u>must be signed</u> _or, if the form is filed electronically with the IRS, the organization must submit a <u>signed</u> copy of the IRS e-file signature authorization; or |
| | (2) Certified audited financial statements for the most recently completed fiscal year; or |
| | (3) If the annual income of the organization qualifies the organization to file Form 990-N with the IRS, a certified treasurer's report for the past fiscal year. Form 990-N is NOT an acceptable financial statement. A "certified treasurer's report" is an income and expense statement and a balance sheet for the most recently completed fiscal year and include the certification signed by the treasurer, "I hereby certify that, to the best of myknowledge, the financial statement above is accurate and correct. //signed." |
| | Important Note: If your most recently completed financial report is not ready by the registration due date, you may request an extension of time to file your registration statement for either 3 or 6 months. The extension request may be mailed, faxed to our office at 804-225-2666, or emailed to <a b="" href="https://ocar.org/length.or</td></tr><tr><th></th><th>If you do not provide the correct financial report by the required/extended due date, and have not requested an extension of time to file, you will be assessed a late fee of \$100.</th></tr><tr><th></th><th>Newly formed organizations: shall file a copy of the board-approved budget of anticipated revenues and expenses for the CURRENT year. Please notate on the budget the date of board approval.</th></tr><tr><th></th><th>A list of the addresses and telephone numbers for any branch offices in Virginia, if you answered " yes"<=""> to question 4. |
| | A list of any chapters, branches or affiliates' names, addresses and telephone numbers, if you are a parent organization as identified by your response to question 7 . |
| | Copy of signed contract(s) between your organization and each professional fundraising counsel and / or professional solicitor, if you answered "yes" to question 19. |
| | Copy of any amendments to your articles of incorporation, not previously filed. If unincorporated, file any amendments to the governing documents, not previously filed. |
| | Copy of amendments to your by-laws, not previously filed. |
| | IRS determination letter and any subsequent modifications, if the organization is listed with the IRS as tax exempt, not previously filed . If tax-exemption is pending, the completed IRS application form, as filed with the IRS. |
| Χ | First-time / Initial filers MUST also file <u>copies</u> of the following Items: |
| | Certificate of incorporation, if the organization is incorporated. If the organizing jurisdiction does not issue a certificate, the articles must bear a state stamp or seal. |
| | Articles of incorporation, if the organization is incorporated, and any subsequent amendments to those documents. If unincorporated, file any other governing documents. |
| | Bylaws and any amendments. |
| | IRS determination letter and any subsequent modifications, if the organization is listed with the IRS as tax exempt. If tax-exemption is pending, the completed IRS application form, as filed with the IRS. |