

VIRGINIA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES

OFFICE OF CONSUMER AFFAIRS

P.O. Box 526 - Richmond, VA 23218-0526

Phone: 804-786-1343 • FAX: 804-225-2666 • www.vdacs.virginia.gov

OCA-102 Revised 01/07

**REMITTANCE FORM
CHARITABLE ORGANIZATION
FORM 102**

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

Organization name: _____

Address: _____

Federal Employer Identification Number: _____

Charitable Organization

Initial Registration Fee (\$100): \$ _____ (910-02184)

Late Registration Fee (\$100): \$ _____ (910-02184)

Annual Registration Fee: \$ _____ (910-02619)
(See pg. 6 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**

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OCA-102 Revised 6/05

REGISTRATION STATEMENT FOR A CHARITABLE ORGANIZATION
FORM 102

TYPE OF REGISTRATION

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.

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 ineffective registration. Your organization may not solicit in the Commonwealth of Virginia until it is properly registered.

1. Organization's primary name:

2. List any other names under which you may solicit contributions in Virginia:

3. Primary address: _____

City State Zip Code

4. Mailing address if different from primary address above: _____

City State Zip Code

5. Other contact information: _____
Telephone, including area code Fax, including area code

Internet URL Organization's official e-mail address

*****In an attempt to reduce mailings, the Agency now offers the option to receive all notifications by email. If the Organization prefers to receive all future correspondence through email, please indicate by checking this box:**

The Official E-mail address entered above will be used for the notifications unless alternate email preference is indicated here: _____

6. Locations of other chapters, branches, affiliates ("affiliates"):

a) Does the organization have any chapters, branches or affiliates in Virginia? Yes No
If "Yes,"

- i) Attach a list of the affiliates' names, addresses and telephone numbers.
- ii) Are the income and expenses of these affiliates included in your organization's financial statement?
Yes No

If "Yes," a joint registration may be issued to the parent organization which would apply to those subordinate organizations whose finances are reported jointly with the parent organization.

b) Does the organization maintain any other offices in Virginia, other than local chapters, branches or affiliates?
Yes No **If "Yes,"** attach a list of the addresses and telephone numbers for those offices.

7. Please "√" one:

"√"	Type of organization
<input type="checkbox"/>	Corporation or limited liability entity
<input type="checkbox"/>	Partnership
<input type="checkbox"/>	Other (specify: _____)

8. Date of incorporation or formation: _____

9. In what city was the organization legally established? _____
City State

10. What is the main purpose of the charitable organization?

11. Name and address of designated agent for receipt of process within the Commonwealth of Virginia. NOTE: If no agent is designated, the organization shall be deemed to have designated the Secretary of the Commonwealth.

Name and Company Name

Address

City State Zip Code

12. Organization's fiscal year:

a) Dates of the **CURRENT** fiscal year: From: _____ To: _____

b) Has the organization recently changed its fiscal year? Yes No
If "Yes," provides the dates of the "short" fiscal year:
From: _____ To: _____

13. Is the organization exempt under the Internal Revenue Code? Yes No

14. Key personnel:

a) Full name and title of the individuals having signatory power over the organization'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 solicitor thereof, ever been convicted of a felony?

Yes No If "Yes," attach a statement providing a description of the pertinent facts.

15. Percentage of fundraising expenses for the most recently completed fiscal year:

a) Total amount of contributions received directly from the public:
(found by adding Part VIII, lines 1a, 1b, 1c, and 1f of the IRS Form 990) _____

b) Total spent on fundraising, including contracts with professional fund-raising counsel or professional solicitors:
(found on line 25D of Part IX of the IRS Form 990) _____

c) Percent of fundraising expenses (Line b divided by line a): _____ %

d) For Federated fund-raising organizations **ONLY**: State the percentage withheld from a donation designated for a member agency: _____ %

16. Does the organization intend to solicit contributions from the public directly (including corporate grant proposals, door-to-door or telephone solicitations, special events, direct mail, etc.)?

Yes No

17. Does the organization intend to have others outside the organization (e.g. volunteers, federated fund-raising organizations, etc.) conduct solicitations on its behalf?

Yes No

18. For the current fiscal year, has your organization entered into an agreement or contract with any person(s) to conduct any aspects (including planning, managing, or carrying out) of a completed, current or upcoming solicitation?

Yes No

If "Yes," please indicate the arrangement with your agency by "√"ing below:

Category	"√"	Type of arrangement
A		A bona fide, salaried officer or employee of the charitable organization or its parent organization
B		An outside consultant or professional fundraising counsel
C		A paid professional solicitor

If in Question 18, either B or C are checked:

a) List the name and address(es) of the professional fundraising counsel or professional solicitor(s) and note the date of each contract that was previously submitted to the Commissioner:

b) **Attach a copy of the organization's current fundraising contract(s) that were not previously submitted as required by Section 57-54 of the Code of Virginia.**

19. Please indicate how the organization will use the contributions received during the **CURRENT** fiscal year:

20. Has the organization been authorized by any other state or governmental agency to solicit contributions?

Yes No **If "Yes,"** name all such the agencies. Submit an attachment if necessary.

21. Is the organization, or any officer, professional fund-raising counsel, or professional solicitor for the organization **CURRENTLY** enjoined by any court or otherwise prohibited from soliciting in any jurisdiction?

Yes No **If "Yes,"** attach a copy of the Order that states the reasons and time period for the injunction or prohibition.

22. Has any officer, professional fund-raising counsel, or professional solicitor for the organization ever been convicted in any jurisdiction of embezzlement, larceny or other crimes involving the obtaining of money under false pretenses, or the misapplication of funds impressed with a trust?

Yes No **If "Yes,"** attach a copy of the court Order that states the reasons for the conviction, or a copy of any applicable pardon.

23. Please indicate the type of solicitation activities that your organization may pursue during the current fiscal year (**check all that apply**):

"✓"	Type of Solicitation
	Telephone
	Direct mail
	Internet
	Special events
	Door-to-door
	Personal contact
	Other (Specify):

24. Except as otherwise provided, all information required to be filed under Chapter 5 of Title 57 of the Code of Virginia shall become public records in the Office of the Commissioner, and shall be open to the general public for inspection. You are required by law to supply this information as a prerequisite to the solicitation of charitable contributions. If you do not provide this information, you may not solicit in Virginia.

25. OATH OR AFFIRMATION

Two (2) different officers must sign this registration form. The original must then be filed with the Office of Consumer Affairs. Copies are not allowed.

We, the undersigned Chief Fiscal Officer and President (or other authorized officer), 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.

Signature of Chief Fiscal Officer

Signature of President or other authorized officer

Print name

Print name

Title

Title

Date

Date

REQUIRED ATTACHMENTS

I (we) have attached the following required attachments:

"√"	All Registrants MUST file the following Items:
	Remittance form and check, made payable to "Treasurer of Virginia."
	Listing of this year's officers, directors, and any principal salaried executive staff.
	Signed copy of the previous fiscal year's Form 990, form 990EZ, Form 990PF or audited financial statements (if you e-filed Form 990, you may attach a copy of the IRS receipt of e-filing to the Form 990 in lieu of a signature). Form 990 N is NOT an acceptable financial statement. Organizations with income under \$25,000 may file a certified treasurer's report, as defined in the Rules Governing the Solicitation of Contributions*. Newly formed organizations shall file a board-approved budget of anticipated revenues and expenses for the current year.
"√"	You also need to file the following items, if you answered the following questions "Yes":
	Q. 6a: A list of any Virginia affiliates' names, addresses and telephone numbers.
	Q. 6b: A list of the addresses and telephone numbers for any branch offices in Virginia.
	Q. 14c: Statement of pertinent facts pertaining to any felony conviction.
	Q. 18: Copy of signed contract(s) between your organization and each professional fundraising counsel and / or professional solicitor.
	Q. 21 and / or 22: Copies of any applicable Court Orders.
"√"	First-time filers MUST also file the following Items:
	Copies of any certificate and articles of incorporation and amendments, if incorporated.
	Copies of any bylaws and amendments.
	Copies of any IRS tax-exempt determination letter(s) and amendments, if tax-exempt, or copy of IRS Form 1023 or 1024 if exemption is pending. The determination letter must then be filed when received.
"√"	Organizations renewing registration also need to file the following items, upon occurrence:
	Copies of any amendments to articles of incorporation since the last filing.
	Copies of any amendments to bylaws since the last filing.
	Copies of any modified IRS tax-exempt determination letter(s), including for name changes.

*The Rules Governing the Solicitation of Contributions can be found at www.vdacs.virginia.gov/allforms.shtml#charitable.