

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

P.O. Box 526 - Richmond, VA 23218-0526
Phone: 804-786-1343 • FAX: 804-225-2666 • www.vdacs.virginia.gov

OCRP-100 Revised 11/13

**REMITTANCE FORM
VIRGINIA EXEMPTION APPLICATION FOR A CHARITABLE OR CIVIC ORGANIZATION
FORM 100**

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

Organization name: Bethany Memorial Association
Address: 3812 Seminary Ave
Richmond, VA 23227

Exemption Application Fee: \$10.00 (910-02185)

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 EXEMPTION
APPLICATION 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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**VIRGINIA EXEMPTION APPLICATION FOR A CHARITABLE OR CIVIC ORGANIZATION
FORM 100**

All applicants must attach to this form all documents required by the applicable section(s) of the Rules Governing the Solicitation of Contributions (see page 10 for checklist).

Except as otherwise provided, all information required to be filed under Chapter 5 of Title 57 of the Code of Virginia, shall become public record 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 in Virginia. If you do not provide this information, you may not solicit in Virginia.

Definitions of terms used on this form may be found in the Rules Governing the Solicitation of Contributions and /or the Virginia Solicitation of Contributions Law. Links to both documents are available at <http://www.vdacs.virginia.gov/allforms.shtml#charitable>.

Application fee: \$10.00. Make check payable to “**Treasurer of Virginia.**”

SECTION I. GENERAL INFORMATION

Please "√" the category under which you are filing (**only one category** may be chosen):

"√"	Category	Description	VA Code Section
<input type="checkbox"/>	A	Educational institutions and their foundations	57-60.A.1.
<input type="checkbox"/>	B	Solicitations for a named individual	57-60.A.2
<input type="checkbox"/>	C	Solicitations not to exceed \$5,000	57-60.A.3
<input checked="" type="checkbox"/>	D	Membership solicitations only	57-48 and 57-60.A.4
<input type="checkbox"/>	E	Solicitations by non-resident charitable organizations	57-60.A.5
<input type="checkbox"/>	F	Solicitations confined to five or fewer contiguous cities and counties	57-60.B.
<input type="checkbox"/>	G	Civic organizations	57-48 and 57-60.A.8
<input type="checkbox"/>	H	Health care institutions	57-60.A.7
<input type="checkbox"/>	I	Non-profit debt counseling agencies	57-60.A.9
<input type="checkbox"/>	J	Area agencies on aging	57-60.A.10
<input type="checkbox"/>	K	Trade associations	57-60.A.12
<input type="checkbox"/>	L	Labor unions, labor associations, and labor organizations	57-60.A.11
<input type="checkbox"/>	M	Virginia Area Health Education Centers	57-60 A.6
<input type="checkbox"/>	N	Regional Emergency Medical Services Councils	57.60.A.13
<input type="checkbox"/>	O	Nonprofit that solicits only through grant proposals	57-60.A.14

1. Primary name of the organization or trust fund:

Bethany Memorial Association

2. List any other names under which solicitations will be made:

Bethany Presbyterian Church

3. Physical street address: 8001 Atkins Road

Charles City

City

VA
State

23227
Zip Code

(804) 937-9856

Telephone

4. Mailing address if different from physical address: P O Box 92

Charles City

City

VA
State

23227
Zip Code

5. Please "√" one:

<input checked="" type="checkbox"/>	Type of Organization
<input type="checkbox"/>	Corporation or Limited Liability Entity
<input type="checkbox"/>	Partnership
<input checked="" type="checkbox"/>	Other (please specify): Nonstock Corporation

6. Date of incorporation or formation: 09/23/2013

7. Location where organization was legally established: Richmond

City

VA
State

8. Main purpose of the organization or trust fund:

Care and preservation of the cemetary, grounds, and buildings.

9. Is the organization exempt from paying income taxes under the Internal Revenue Code 501(c)?



Yes



No

If "Yes," please attach a copy of the IRS tax-exempt determination letter, with any amendments.

10. Anticipated methods of fundraising and sources of income (please "✓" all that apply):

"✓"	Anticipated methods of fundraising	"✓"	Anticipated sources of income
<input type="checkbox"/>	Direct mail / e-mail	<input type="checkbox"/>	Gifts from officers / voting members
<input type="checkbox"/>	Telephone	<input type="checkbox"/>	General public
<input type="checkbox"/>	Special Events	<input type="checkbox"/>	Corporations
<input checked="" type="checkbox"/>	Newsletter	<input checked="" type="checkbox"/>	Foundations
<input checked="" type="checkbox"/>	Internet	<input type="checkbox"/>	Government grants
<input type="checkbox"/>	Door-to-Door collections / sales	<input type="checkbox"/>	Investments
<input checked="" type="checkbox"/>	Personal contact	<input type="checkbox"/>	Endowments
<input type="checkbox"/>	Other: Describe briefly	<input type="checkbox"/>	Non-voter "membership" assessments

11. Has the organization or trust fund contracted with any professional fundraising counsel or any professional solicitor?

NOTE: Some categories of exemption will not apply if a professional fundraising counsel or professional solicitor is hired.

☐ Yes ☒ No

If "Yes," list name and address of the professional fundraising counsel or professional solicitor(s) and attach a copy or copies of the contract(s).

Name: _____

Address: _____

City _____

State _____

Zip Code _____

Telephone _____

12. 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.

13. 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.

14. 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.

SECTION II. EXEMPTION INFORMATION

Complete **ONLY** the section that applies to your organization as indicated on the category checked on Page 1 of this form. Then, sign the acknowledgement section and submit this form, application fee and all required attachments (see page 10).

Category A: EDUCATIONAL INSTITUTIONS AND THEIR FOUNDATIONS

1. Name, title, and address of principal, dean, or head of organization, by whatever title:

Primary Address: _____

City _____ State _____ Zip Code _____

2. Please "√" the box that best describes your organization:

"√"	Description
<input type="checkbox"/>	A fully accredited educational institution. Attach a copy of the accreditation certificate.
<input type="checkbox"/>	A foundation that has an established identity with one or more accredited educational institutions. Attach a copy of the accreditation certificate of each institution, and a letter from the principal, dean, or the head of the institution by whatever name known, which states that the institution recognizes and corroborates the established identity.
<input type="checkbox"/>	An educational institution whose solicitations are confined to its student body, faculty, alumni, trustees, and their families. Attach a sample of the solicitation materials, or an outline of the fundraising program.

Category B: SOLICITATIONS FOR A NAMED INDIVIDUAL

1. Name of individual on whose behalf solicitations will be made:

2. Projected dates of solicitation: From: _____ To: _____

3. Name and address of principal officer of the trust fund:

Name: _____

Address: _____

City _____ State _____ Zip Code _____

4. Name and address of the bank where the trust fund is established or located:

Name: _____

Address: _____

City _____ State _____ Zip Code _____

5. Are any persons, including employees, officers or trustees, paid for their services to the organization?

☐ Yes

☐ No

If "Yes," indicate the source of the funds used for payment to these individuals, i.e., what was done to raise these funds or how the funds were generated.

Category C: SOLICITATIONS NOT TO EXCEED \$5,000

1. Are any persons, including employees, officers or trustees, paid for their services to the organization?

☐ Yes

☐ No

If "Yes," indicate the source of the funds used for payment to these individuals, i.e. what was done to raise these funds or how the funds were generated.

2. Total gross contributions received from the public in each of the last three calendar years. If the organization raises contributions of more than \$5,000 from the public during any given year, the organization shall register and report to the Commissioner within 30 days after the date on which the total contributions exceed \$5,000.

Year	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____

Category D: MEMBERSHIP SOLICITATION ONLY

1. Do the organization's members have the right to vote, elect officers, or to hold office, in addition to receiving direct benefits? ☐ Yes ☐ No

NOTE: If the organization's "members" do not fit the definition of "Membership" in Section 57-48 of the Code of Virginia, then this exemption will not apply.

2. On any mailing or telephone call to potential members, do you request a contribution, in addition to membership dues? ☐ Yes ☒ No

NOTE: Only members who have met the organization's membership requirements and who have been accepted by the organization, pursuant to the organization's bylaws, may be solicited for contributions under this exemption category. Organizations may seek potential members, but if such invitation includes a solicitation for contributions, this exemption will not apply.

Category E: SOLICITATIONS BY A NON-RESIDENT CHARITABLE ORGANIZATION

1. Name and address of chapter, branch or affiliate located in Virginia which registers annually with the Commissioner**:

Name: _____

Address: _____

City _____ State _____ Zip Code _____

****You must have a chapter, branch, or affiliate located in Virginia that registers annually to qualify for this exemption**

Category F: SOLICITATIONS CONFINED TO FIVE OR FEWER CONTIGUOUS CITIES AND COUNTIES

1. Name the cities and counties where the organization intends to solicit contributions. Maximum of five (must be contiguous).

_____	_____
_____	_____

2. Name the cities and counties in which the organization has registered to solicit contributions and attach copies of permits. Include localities where the registration is pending.

_____	_____
_____	_____

Category G: CIVIC ORGANIZATION

1. Please "√" the box that best describes your organization:

"√"	Description
<input type="checkbox"/>	Local Fraternal society or association
<input type="checkbox"/>	Local civic league or association
<input type="checkbox"/>	Local service club
<input type="checkbox"/>	Local Volunteer fire or rescue group

2. How will the organization use the contributions received?

3. For local service clubs, indicate the city, town or county in which your organization operates.
For local civic leagues or associations, indicate the city, town or county for which your organization furthers the common good:

_____	_____
City, Town, or County	State

Category H: HEALTH CARE INSTITUTIONS

Please "√" the box that best describes your organization and submit the appropriate attachment(s):

"√"	Description	Include these attachments
<input type="checkbox"/>	Licensed 501(c)(3) health care institution	Copy of license.
<input type="checkbox"/>	Designated federally qualified health center.	Documentation of designation, which must be kept current.
<input type="checkbox"/>	HCFA-certified rural health clinic	Attach a copy of the certification.
<input type="checkbox"/>	Free clinic	Fee schedule, if any.
<input type="checkbox"/>	Other organization whose existence is solely to support licensed health care institutions	Copy of the license from each health care institution.

Category I: NONPROFIT DEBT COUNSELING AGENCIES

Attach a copy of the organization's nonprofit debt counseling agency license issued by the State Corporation Commission.

Category J: AREA AGENCIES ON AGING

Has the Virginia Department for the Aging designated your organization as an area agency on aging?

Yes ☐ No ☐ If "Yes," attach a copy of the designation agreement document.

Category K: TRADE ASSOCIATIONS

Is the organization an association of business organizations having similar issues and engaged in similar fields formed for mutual protection, exchange of ideas and statistics, and for the maintenance of standards within their industry?

Yes ☐ No ☐ If "Yes," provide a listing of member organizations, including names and addresses.

Category L: LABOR UNIONS, LABOR ASSOCIATIONS, AND LABOR ORGANIZATIONS

Please "√" the type of labor group that best describes your organization:

"√"	Type	Definition
<input type="checkbox"/>	Labor union	An organization composed of workers, regulated by the Labor-Management Relations Act, organized for the purpose of securing favorable wages, improved labor conditions, better hours of labor, etc., and righting grievances against employers.
<input type="checkbox"/>	Labor association	A group of labor unions or labor organizations acting together to better the conditions of workers.
<input type="checkbox"/>	Labor organization	An organization dealing, through united action, with employers concerning grievances, labor disputes, wages, rates of pay, hours, or other terms or conditions of employment on behalf of the workers it represents.

Category M: VIRGINIA AREA HEALTH EDUCATION CENTERS

Has the Virginia AHEC Program designated your organization as an Area Health Education Center?

Yes ☐

No ☐

If "Yes," attach a copy of the Consortium letter issued by the Program.

Category N: REGIONAL EMERGENCY MEDICAL SERVICES COUNCILS

Has the Council been granted tax-exempt status under § 501(c)(3) of the Internal Revenue Code?

Yes ☐

No ☐

Has the Commissioner of Health designated your organization as a regional emergency medical services council?

Yes ☐

No ☐

If "Yes," attach a copy of the designation letter issued by the Commissioner.

Category O: NONPROFIT THAT SOLICITS ONLY THROUGH GRANT PROPOSALS

Has the organization been granted tax-exempt status under § 501(c)(3) of the Internal Revenue Code?

Yes ☐

No ☐

If "Yes," you must provide a copy of your IRS Determination Letter.

If "No," you do not qualify for this exemption.

"√"	Anticipated sources of income
<input type="checkbox"/>	For-profit corporations
<input type="checkbox"/>	Other 501(c)(3) nonprofit organizations
<input type="checkbox"/>	Private Foundations
<input type="checkbox"/>	Government grants
<input type="checkbox"/>	Other:

SECTION III. ACKNOWLEDGEMENT

I, the undersigned president, vice president, treasurer, or other officer (trustee) duly authorized to act for the organization for which this request is made, acknowledge that this application for exemption has been examined by me and is, to the best of my knowledge and belief, a true and correct statement according to the laws of the Commonwealth of Virginia.

I 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. I 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 Sole Proprietor or Officer (Trustee)	Anne B Crom
04/23/2018	Print name
Date	Treasurer
(804) 937-9856	Title
Telephone number	

REQUIRED ATTACHMENTS

I (we) have attached the following required attachments:

"√"	Item – General Information Attachments REQUIRED OF ALL APPLICANTS
<input checked="" type="checkbox"/>	Remittance form and check for \$10, made payable to "Treasurer of Virginia."
<input type="checkbox"/>	Copies of any applicable Court Orders.
<input checked="" type="checkbox"/>	Listing of current officers, directors, trustees, and principal salaried executive staff officers, including their names and addresses.
<input type="checkbox"/>	Copy of signed contract(s) between your organization and each professional fundraising counsel and/or professional solicitor.
<input checked="" type="checkbox"/>	Signed copy of the previous fiscal year's Form 990, Form 990EZ, Form 990PF (IF YOU E-FILED the Form, you may attach a copy of the IRS receipt of e-filing to the Form in lieu of a signature) or audited financial statements. If the organization's gross revenue qualifies such organization to file IRS Form 990-N, it may file a copy of a balance sheet and income and expense statement verified under oath or affirmation by the Treasurer of the organization in lieu of a Form 990, form 990EZ or Form 990PF. Form 990N is NOT an acceptable financial statement. Newly formed organizations shall file a board-approved budget of anticipated revenues and expenses for the CURRENT year.
<input checked="" type="checkbox"/>	If the organization is incorporated, a copy of the certificate of incorporation, articles of incorporation and amendments. If unincorporated, any other governing documents.
<input checked="" type="checkbox"/>	Except as provided for Category B (see below), a copy of any bylaws and amendments.
<input checked="" type="checkbox"/>	If the organization is listed with the IRS as tax-exempt, attach a copy of the IRS Determination letter and any subsequent modifications. If tax-exemption is pending, attach a copy of the completed IRS application form, as filed with the IRS.
Exemption Information: attachments required ONLY for the Category completed above.	
<input type="checkbox"/>	Category A: One or more of the following, as applicable: Copy of the accreditation certificate of each institution; A letter which states that the institution recognizes and corroborates the established identity; Samples of the solicitation materials or an outline of the fundraising plan.
<input type="checkbox"/>	Category B: Copy of the trust agreement or similar document.
<input type="checkbox"/>	Category C: Copy of the budget for the current calendar year, and copies of the treasurer's report for the three previous calendar years (or years of existence).
<input checked="" type="checkbox"/>	Category D: Copies of any membership recruitment correspondence, for the past two mailings.
<input type="checkbox"/>	Category E: No additional documentation is required.
<input type="checkbox"/>	Category F: Copy of each local solicitation permit.
<input type="checkbox"/>	Category G: No additional documentation is required.
<input type="checkbox"/>	Category H: One of the following, as applicable: 1. Copy of the license issued by the State Department of Health or by the State Department of Behavioral Health and Developmental Services; 2. Documentation of FQHC designation; 3. Copy of the HCFA certification; 4. Free Clinic fee schedule, if any.
<input type="checkbox"/>	Category I: Copy of nonprofit debt counseling agency license.
<input type="checkbox"/>	Category J: Copy of the area agency on aging designation agreement document.
<input type="checkbox"/>	Category K: Listing of member organizations.
<input type="checkbox"/>	Category L: No additional documentation is required.
<input type="checkbox"/>	Category M: Copy of the Consortium letter issued by the Program.
<input type="checkbox"/>	Category N: Copy of the designation letter issued by the Commissioner of Health.
<input type="checkbox"/>	Category O: Copy of IRS Determination Letter recognizing you as a 501(c)(3) charitable organization.