

INSTRUCTIONS for 2006 Universal Application Form

- 501(c)(3) nonprofits complete this form to qualify for federation membership in the Combined Federal Campaign (CFC) and corporate campaigns.
- **Returning members can complete this form electronically on their Online Portfolio.**

Mail signed UAF to:

Application Services
21 Tamal Vista Blvd., #209
Corte Madera, CA 94925

Email** attachments to:

uaf@maguireinc.com

or Fax** to: 415/924-7341

*** Include EIN# on email or fax

For Assistance

Call 415/924-1108

Description of Form

- The Universal Application Form (UAF) is in Adobe portable document format (pdf). This pdf format allows the application to be filled out while open on your



computer screen. Use the Hand Tool to enter each field. If you have problems filling the form out this way, it can be printed out and completed manually. Either version is acceptable.

- Filling out the UAF, either electronically or manually, does not complete the application process. All required schedules and attachments detailed on the UAF final page "Checklist" must also be submitted.

General Instructions

- **Parts I - III.** To enter data into any field simply click your computer cursor in the area next to the field's label. TIP: If the cursor is left over the field area a "field tip" will display explaining what data is required.

Example:

Part I. Exempt Organization	
Name	
Address	Enter Name of Applicant Charity

- **Part IV.** Select Federation from drop down list. (NOTE: This is required whether completing electronically or by hand.) **Applications without this selection cannot be processed.**

Example:

Part IV. Federation Petitions	
I hereby petition three federations indicated below to act as this organization's exclusive federated representative organized or conducted in which these federations may receive these federations to receive, account for, and distribute these activities and through their subsequent donation collection	
I certify I have the authority to make this petition and app governing these federations or governing any fund raiser federations, and that the representations made in this ap	
. FEDERATION SELECTION REQUIRED!	
. Conservation & Preservation Ch	
. Do Unto Others: Emergency Reli	
. Educate America! The Educatic	
. Health & Medical Research Char	
. Hispanic United Fund	

General Instructions (cont.)

- **Parts V and VII.** Certifying Official and signature must be the same on both sections.
- **Part VI.** Required Certifications and Check Boxes. Check Box selections MUST be made on all Certifications. Choices must be made on numbers 1.), 3.) and 8.) with overhead percentage correctly entered on 8.).

Example:

3.) Place a check in the <u>one</u> appropriate	
Choose appropriate box for 3.) But MUST check box 4.)	<input checked="" type="checkbox"/> I certify, as part of the CFC req expenses of the organization name connected with lobbying and all at voting or legislation at the local, St would classify it as a tax-exemp U.S.C. 501(h).
	–OR– <input type="checkbox"/> I certify, as part of the CFC req organization named in this applicati in lobbying nor does it attempt to legislation at the local, State or Fede
	4.) <input checked="" type="checkbox"/> I certify, as part of the CFC req organization named in this appli

Certification 13. Select state from drop down menu.

- **Attachment A.** Detailed guidance from CFC federal regulators is provided. NOTE: Failure to sufficiently detail Attachment A services is the most common application deficiency. Be sure to read and understand what is required. Call number above for help. Email Attachment A documentation to the address above or attach to mailed UAF. Email preferred.
- **Attachments F and H.** Enter data into fields provided.
- **Checklist.** Use the Checklist to include all required attachments and schedules with your submission.

USE OF ELECTRONIC SUBMISSIONS

- Electronic submission, including fax (415/924-7341) of all documents is encouraged. This includes your Annual Report, Form 990 and Audited Financial Statements with all schedules and attachments. Electronic documentation provides for faster and more efficient application processing.

Mail Signed UAF to:
Application Services
21 Tamal Vista, #209
Corte Madera, CA 94925
For Assistance
Call 415/924-1108

NEW 2006 Universal Application Form For Inclusion in CFC and Corporate Campaigns

▶ Print or type clearly. Application may be rejected if the form is incomplete or illegible.

Email Attachments to:**
UAF@maguireinc.com
or
Fax to:** 415/924-7341
**** Include EIN# on emails
and faxes.**

- Complete this form to qualify for the Combined Federal Campaign and corporate campaigns.
- Returning members can complete this form electronically on their Online Portfolio.

Part I. Exempt Organization

Name

Street Address (*Post Office Box addresses are not accepted and may result in automatic disqualification.*)

City or Town, State, and ZIP Code

Internet Address (URL)

Part II. EIN #

Four Digit CFC #
(*If in last years CFC*)

Part III. Contact Person

Name (*salutation, first, last*)

Phone Number

Title

Email Address

Mailing Address (*if different from above address – All correspondence will be sent here.*)

Fax Number

City or Town, State, and ZIP Code

Part IV. Federation Petitions

I hereby petition the federations listed below to accept this organization as a member. If accepted, I hereby appoint these federations to act as this organization's exclusive federated representative, business, and fiscal agent in all charitable fund raising programs or activities organized or conducted in which these federations may participate and present this organization as a member, specifically empowering these federations to receive, account for, and distribute all gifts and pledges made to this organization in these fund raising programs or activities and through their subsequent donation collection periods.

I certify I have the authority to make this petition and appointment, that this organization agrees to abide by the rules, regulations, and bylaws governing these federations or governing any fund raising programs or activities in which this organization participates as a member of these federations, and that the representations made in this application are, to the best of my knowledge, truthful and accurate.

- _____ (*CFC / other campaigns*)
- **Independent Charities of America** (*corporate / state campaigns*)
- **Local Independent Charities of America** (*fiscal agent*)

Part V. Certifying Official

I AM THE DULY APPOINTED REPRESENTATIVE OF THE ABOVE NAMED ORGANIZATION AUTHORIZED TO CERTIFY AND AFFIRM ALL STATEMENTS ENCLOSED IN THIS APPLICATION.

Name

Title

Signature

Date

Part VI. REQUIRED CERTIFICATIONS:
Check Mark required for each numbered box below
except 1, 3 and 8 where a choice of boxes is necessary.

1.) Place a check in the one appropriate box:

I certify, as part of the CFC requirements, that the organization named in this application provided or conducted real services, benefits, assistance, or program activities, in 15 or more different states over the three year period immediately preceding the start of the campaign application year (2003-2005). (Include as **ATTACHMENT A**, a schedule listing those states where the program services have been provided and a detailed description of the activities in each state.)

- OR -

I certify, as part of the CFC requirements, that the organization named in this application provided or conducted real services, benefits, assistance, or program activities, in a foreign country over the three year period immediately preceding the start of the campaign application year. (Include as **ATTACHMENT A**, a list of each country where program activities have been provided and a detailed description of the program activities conducted in each.)

2.) I certify, as part of the CFC requirements, that the Internal Revenue Service recognizes the organization named in this application as tax-exempt under 26 U.S.C. 501(c)(3) and to which contributions are tax deductible pursuant to 26 U.S.C. 170. (Include a copy of the most recent IRS determination letter as **ATTACHMENT B**.)

3.) Place a check in the one appropriate box:

I certify, as part of the CFC requirements, that the expenses of the organization named in this application connected with lobbying and all attempts to influence voting or legislation at the local, State or Federal level would classify it as a tax-exempt agency under 26 U.S.C. 501(h).

-OR-

I certify, as part of the CFC requirements, that the organization named in this application does not engage in lobbying nor does it attempt to influence voting or legislation at the local, State or Federal level.

4.) I certify, as part of the CFC requirements, that the organization named in this application is a human health and welfare organization providing services, benefits, or assistance to, or conducting activities affecting, human health and welfare.

5.) I certify, as part of the CFC requirements, that the organization named in the application accounts for its funds in accordance with generally accepted accounting principles (GAAP). **Note: The only acceptable basis of accounting under GAAP is the accrual method. Cash basis, modified cash basis and modified accrual basis are not acceptable methods of accounting under GAAP.**

6.) I certify, as part of the CFC requirements, that the organization named in the application was audited in accordance with generally accepted auditing standards (GAAS) by an independent certified public accountant in the immediately preceding year. **Include a copy of the organization's most recently completed audit as ATTACHMENT C. Combined and consolidated audits are not accepted unless the applicant's financial information is reflected in a separate audited combining or consolidating schedule. (The audit must cover the fiscal period ending not more than 18 months prior to the January of the campaign year to which the organization is applying, i.e. 6/30/04. The IRS Form 990 and audit must cover the same fiscal period. If revenue and expenses on the two documents differ, these amounts must be reconciled either on the IRS Form 990, Parts IV-A and IV-B or by the certified public accountant who completed the audit in an accompanying signed statement.)**

7.) **Include as ATTACHMENT D a copy of the most recently completed IRS Form 990, including signature on page 6 in the box marked "Signature of officer." The preparer's signature alone is not sufficient. (NOTE: If the Internal Revenue Service does not require your organization to file the Form 990, you must still complete one in accordance with IRS regulations to be eligible for the CFC. IRS Forms 990 EZ, 990PF, and comparable forms are not accepted. The IRS Form 990 and audit must cover the same period and be prepared using the accrual basis of accounting. Schedule A, Schedule B, if applicable, must be submitted. Parts IV-A and IV-B, page 4 must be complete.)**

8.) Place a check in one appropriate box:

I certify, as part of the CFC requirements, that the organization named in this application has spent 25% or less of its total support and revenue on administrative and fundraising expenses during the year covered by the submitted IRS Form 990. The actual percentage of administrative and fund-raising expenses is ____%. This percentage has been computed from information on the IRS Form 990 by adding amount spent on "management and general" (line 14) to "fundraising" (line 15) and dividing resulting total by "total revenue" (line 12). No other method may be used to calculate this percentage.

- OR -

I certify, as part of the CFC requirements, that the organization named in this application has spent in excess of 25% of its total support and revenue on administrative and fundraising expenses during the year covered by the submitted IRS Form 990. The actual percentage of management, general and fundraising expenses is ____% and this percentage is reasonable under the circumstances. **(Include as ATTACHMENT E an explanation of the organization's management, general, and fundraising expenses and a formal plan to reduce expenses to 25% or less of its total support and revenues.)**

- 9) I certify, as part of the CFC requirements, that an active and responsible governing body, whose members have no material conflict of interest and a majority of which serve without compensation, directs the organization named in this application. **Include as ATTACHMENT F a listing of the organization's board of directors, beginning and end dates of each member's term of office, and the board's meeting dates and locations for the previous year (2005).**
- 10) I certify, as part of the CFC requirements, that the organization named in this application prohibits the sale or lease of CFC contributor lists.
- 11) I certify, as part of the CFC requirements, that the organization named in this application conducts publicity and promotional activities based upon its actual program and operations, that these activities are truthful and non-deceptive, include all material facts, and make no exaggerated or misleading claims.
- 12) I certify, as part of the CFC requirements, that the organization named in this application effectively uses the funds contributed by federal personnel for its announced purposes.
- 13) I certify, as part of the CFC requirements, that the organization named in this application is chartered/incorporated under a governmental entity. This entity or State is:
- _____
- 14) I certify, as part of the CFC requirements, that the organization named in this application has in the preceding year received no more than 80 percent of its total support and revenues from government sources. (Revenue from government sources computed from the IRS Form 990 by dividing line 1c by line 12.)

- 15) I certify, as part of the CFC requirements, that the organization named in this application prepares and makes available to the public an annual report that includes a full description of its activities, supporting services, and identifies its directors/governing body and chief administrative personnel. **Include as ATTACHMENT G a copy of the most recently completed annual report. The annual report must cover the fiscal year ending not more than 18 months prior to January of the campaign year to which the federation is applying or the preceding calendar year.**
- 16) I certify that the organization named in this application is in compliance with all statutes, Executive orders, and regulations restricting or prohibiting U.S. persons from engaging in transactions and dealings with countries, entities, or individuals subject to economic sanctions administered by the U.S. Department of the Treasury's Office of Foreign Assets Control. The organization named in this application is aware that a list of countries subject to such sanctions, a list of Specially Designated Nationals and Blocked Persons subject to such sanctions, and overviews and guidelines for each such sanction program can be found at <http://www.treas.gov/offices/enforcement/ofac/sanctions/>. If the organization named in this application becomes noncompliant at any time subsequent to completing this certification, it will notify the OPM Office of CFC Operations immediately.

Part VII. Certifying Official (Must be the same person as listed on Part V, page 1.)

I CERTIFY THAT I HAVE READ ALL THE CERTIFICATIONS SET FORTH IN THIS DOCUMENT AND THAT BY CHECKING THE BOX NEXT TO THE STATEMENT, I ACKNOWLEDGE AND AGREE TO COMPLY WITH THAT CERTIFICATION.

Name	Title
Signature	Date

- ATTACHMENTS A, F and H follow. Review and complete each requirement.
- REVIEW AND USE "CHECKLIST" ON LAST PAGE. "CHECKLIST" DETAILS ALL APPLICATION REQUIREMENTS AND ATTACHEMENTS NECESSARY TO SUCCESSFULLY COMPLETE THIS FORM.
- FAILURE TO SUBMIT ANY ONE OF THESE REQUIRED ATTACHMENTS MAY RESULT IN DENIAL OF APPLICATION.**

Attachment A: Real Services, Benefits or Program Activities

I certify that the organization named in this application provided or conducted real services, benefits, assistance, or program activities, in 15 or more different states – or one foreign country – over the three year period immediately preceding the date of this application (2003, 2004, 2005). Include as Attachment A a list of each state – or foreign countries – where program activities have been provided and a detailed description of the program

GUIDANCE Attachment A: Attach service descriptions to 15 states or Internationally over the last three years. Below is guidance issued by the U.S. Office of Personnel Management (OPM), the federal regulators who have final say over Attachment A eligibility.

Adhering to these “Do’s and Don’ts” and using the “Strong Attachment A” examples format will help the application’s review and approval. If this guidance is not used there is a risk the application will be disqualified.

DO

- Specify the recipient of the service (WHO)
- Describe the type of services delivered (WHAT)
- Describe how the service was delivered (HOW)
- Provide dates of services within a three-year period prior to application year (WHEN)
- Describe where the service was provided by state (WHERE) – a total of 15 states or one foreign country must be represented

DON'T

- Generalize the nature of the service
- State that a service was provided in numerous states
- List services that were “offered”
List location of membership organizations, affiliates, individual members, or Board members

STRONG ATTACHMENT A examples

NOTE: There are many ways to present the information necessary to meet this requirement. Following are samples of formats that provide the required details. IMPORTANT: IT IS ALWAYS BETTER TO PROVIDE MULTIPLE EXAMPLES OF SERVICES FOR A STATE; TWO SERVICE DESCRIPTIONS per State ARE BETTER THAN ONE.

1) STATE-BY-STATE DESCRIPTION OF SERVICES California

- June 1, 2004 - Sacramento - staff presented volunteer training on healthcare advocacy issue; attended by 100 individuals from northern California
- July 9, 2003 -- Annual meeting, “Philanthropy in the New Millennium” conducted in San Francisco

Colorado

October 20, 2003 – Participated in the Health and Wellness Fair at the University of Colorado. Staff was on-hand to distribute educational information and answer questions from students

2) DESCRIPTION OF SERVICE WITH DETAILS ON RECIPIENTS

ABC Charity provides educational tools to inner-city schoolchildren whose families are below the poverty line. \$5,000 educational scholarships for tuition at two or four year colleges are awarded to recipients who meet the eligibility criteria (3.0 grade point average, involvement in extra-curricular activities, 500-word essay, etc.). Following is a listing of the STUDENTS and their HOME STATES who have received ABC scholarships in 2003-2005.

2003 Adam Johnson – Miami, FL; Cindy Smith – Seattle, WA; Jill Andrews – Los Angeles, CA; John Callahan – Philadelphia, PA

WEAK ATTACHMENT A examples

1) ABC Charity’s publication, *ABC Cares*, is distributed monthly to 3,000 members residing in all 50 states, the District of Columbia, and Puerto Rico. Thousand of others receive ABC Charity’s information from our website and other publications.

(This example does not provide specific information to demonstrate that a real service was provided in at least 15 states.)

2) ABC Charity offers educational packages to schools in every state. The package includes information on cancer prevention and detection.

(This statement does not indicate that a real service has been provided. Applicants must demonstrate that a service was rendered, describe the nature of the service, when it was provided, and who received it.)

3) Attached is a listing of ABC Charity-affiliated support groups in 25 states.

(A listing of affiliated groups, alone, is not sufficient to demonstrate real services, programs, or assistance. Applicants must provide additional details on the nature of the applicant’s relationship with these groups and the services provided to them (financial support, presentations, educational materials, etc.)

4) Over the past three years, ABC Charity’s literature is used by high schools and universities in the following states: AL, CA, DE, FL, GA, IL, IN, ME, NY, NH, OH, OR, PA,
(This example does not provide sufficient details to demonstrate who received the service, when it was delivered, or how it was delivered)

Attachment F: Board Terms of Office & Meeting Dates and Locations

I certify, as part of the CFC requirements, that an active and responsible governing body, whose members have no material conflict of interest and a majority of which serve without compensation, directs the organization named in this application.

GUIDANCE Attachment F: In the space below insert list of your board of directors with beginning and end dates of each member's term of office, and the board's meeting dates and locations for the previous year. (Input limited to 1000 characters – approximately 30 lines. Include additional page(s) as necessary.)

Sample Terms of Office Info (similar entry must be provided for each current member of applicant's Board of Directors): *"Kathleen Smith, President, Term June 2003 – June 2006"*

Sample Board Meeting Info (similar entry must be provided for each meeting that took place or is scheduled to take place in 2005): *"Annual Board Meeting, Springfield, IL; April 15, 2005"*

Attachment H: Giving Brochure Information and 25-word Statement

Include your organization's 25-word statement, public phone number, and Internet web site address. The statement of 25-words or less must describe real services, benefits or program activities the organization provides. The statement should not repeat the organization's name. The Internet web address may be included and will not count towards the 25 words. Email addresses are not accepted.

Organization Name:

EIN #:

25 Word Statement:

Public Phone:

Web Site Address (URL):

Attachment H (continued)
NEW INFORMATION REQUEST

Taxonomy of Participating Charities

Background - (In Spring 2005 the U.S Office of Personnel Management, federal regulators with oversight of the Combined Federal Campaign, issued the following new request for information.)

The National Taxonomy of Exempt Entities (NTEE) was developed by the National Center for Charitable Statistics to create a national standard for classifying nonprofit organizations by their primary exempt purpose. The system has 26 major groups of categories (attached) that are represented by a letter. Subcategories within each group further define specific activities.

Categories – (Pick three in order of importance. Enter 1, 2 and 3 in the space next to appropriate letter.)

- | | |
|--|---|
| <input type="checkbox"/> A Arts, Culture, and Humanities | <input type="checkbox"/> N Recreation, Sports, Leisure, Athletics |
| <input type="checkbox"/> B Educational Institutions & Related Activities | <input type="checkbox"/> O Youth Development |
| <input type="checkbox"/> C Envir. Quality, Protection & Beautification | <input type="checkbox"/> P Human Services – Multipurpose and Other |
| <input type="checkbox"/> D Animal Related | <input type="checkbox"/> Q International, Foreign Affairs, National Security |
| <input type="checkbox"/> E Health – General and Rehabilitative | <input type="checkbox"/> R Civil Rights, Social Action, Advocacy |
| <input type="checkbox"/> F Mental Health, Crisis Intervention | <input type="checkbox"/> S Community Improvement, Capacity Building |
| <input type="checkbox"/> G Disease, Disorders, Medicinal Disciplines | <input type="checkbox"/> T Philanthropy, Voluntarism & Foundations |
| <input type="checkbox"/> H Medical Research | <input type="checkbox"/> U Science & Technology Research Institutes, Services |
| <input type="checkbox"/> I Crime, Legal Related | <input type="checkbox"/> V Social Science Research Institutes, Services |
| <input type="checkbox"/> J Employment, Job Related | <input type="checkbox"/> W Public, Social Benefit: Multipurpose, Other |
| <input type="checkbox"/> K Food, Agriculture, and Nutrition | <input type="checkbox"/> X Religion Related, Spiritual Development |
| <input type="checkbox"/> L Housing, Shelter | <input type="checkbox"/> Y Mutual/Membership Benefit Orgs., Other |
| <input type="checkbox"/> M Public Safety, Disaster Preparedness & Relief | <input type="checkbox"/> Z Other |

Use in the CFC

To assist donors in making a decision on the charity(ies) that they wish to support, the 2006 CFC applications will allow applicants to self-select up to three categories that best define their work. These categories must be prioritized as 1, 2, or 3. The corresponding letters will be included with the organization’s listing in the CFC brochure. The brochure will contain a listing of the 26 categories along with information on how donors can learn more about the system.

Example: **1010 ABC Charity** 202-555-5555 www.abccharity.org
EIN#12-3456789 Works to improve the lives of Americans by providing access to higher education for all. (B,V,O) 10.0%

Local Federal Coordinating Committees will have the option to develop a brochure index that lists organizations by the 26 major categories, using only the primary code. In addition, campaigns with on-line CFC charity list search engines will be encouraged to offer this search feature according to the categories.

Benefits to the CFC

- ✓ Provides additional information to donors looking for an organization working in an issue area.
- ✓ User-friendly format, particularly for on-line search engines.
- ✓ Standard format used by IRS, Guidestar, nonprofit researchers, and many State workplace giving campaigns.
- ✓ Supplements but does not conflict with the current listing orders in the CFC brochure.

Mail Signed UAF to:
Application Services
21 Tamal Vista, #209
Corte Madera, CA 94925

For Assistance
Call 415/924-1108

CHECKLIST

Required Attachments for Universal Application Form

Email Attachments to:**
UAF@maguireinc.com
Or
Fax to:** 415/924-7341

** Include EIN# on emails
and faxes.

► All Attachments Required. Application may be rejected if the form is incomplete.

- Complete this checklist and submit the required attachments described below to qualify for the Combined Federal Campaign and corporate campaigns.
- For Attachments to be deemed complete all schedules and addendums described on this CHECKLIST must be included.

- Completed, printed and signed (original signatures)
Universal Application Form (pages 1, 2 and 3).
- Attachment A:** Description of Services by State (15 or more) and / or Foreign country. **Guidance:** *Organizations must provide a description of the services and activities they provided in each state or country over the three year period preceding the application year (2003-2005). If your organization met the 15 state requirement in a single year, it may submit information for only that year. Simply providing a list of states or countries where you conduct real services is not sufficient. NOTE: Requirement cannot be met on sole basis of services provided via 800# or by materials sent via United States Postal Service.*
- Attachment B:** IRS 501(c)(3) letter. *Interim 501(c)(3) letters with expiration dates beyond 12/31 will be accepted only with documentation from the IRS showing the organization will continue its 501(c)(3) status.)* If the name of the applicant organization differs on the IRS determination letter, the IRS Form 990, audited financial statements, or annual report, documentation from the IRS or state government authorizing this name change must accompany the application.
- Attachment C:** Audited Financial Statement. Fiscal Year ending on or after 6/30/2004. **Guidance:** Audit line items Total Revenue and Total Expenses must equal submitted IRS Form 990 Line 12 and Line 17, respectively. *If single line item amounts for revenue and expenses do not match on the two documents, the differences must be reconciled either on the IRS Form 990, Parts IV-A and IV-B, or by the certified public accountant who completed the audit in an accompanying signed statement. Alternatively, if the differences can be resolved by simply adding certain categories such as unrestricted and temporarily restricted revenues, an appropriate management representative may provide a clarification in lieu of CPA reconciliation.*
- Attachment D:** IRS Form 990. Fiscal Year ending on or after 6/30/2004. **Guidance:** *Total Revenue and Total Expenses (Lines 12 and 17) must reconcile with Audited Financial Statement either on page 4, Parts IV A and B or in a signed statement from auditor. Also, Form 990 MUST be signed on page 6 in the block marked "Signature of officer."*
- Attachment D (cont.): Schedule A, all six pages, must be included even if not submitted to the IRS. Schedule B must be submitted if box L or M is NOT checked, Form 990 page 1. **Guidance:** *Schedule B is not normally open for public inspection. Please black out the names and addresses prior to submission, as the federation will not do this post receipt.*
- Attachment D (cont.): Form 990 page 5, Part V, List of Officers, Directors, Trustees, and Key Employees must be complete with compensation amounts. If Part V reads "see attached" the Board Roster with compensation must be attached.
- Attachment E:** Overhead Waiver Request if overhead above 25.04%. **Guidance:** *Attachment E must include both an explanation of the organization's management, general and fundraising expenses and a formal plan to reduce expenses to 25% or less.*
- Attachment F:** A complete listing of the organization's board and the beginning and end date of each individual's term of office. *Must also list the board's meeting dates and locations for 2005. NOTE: This is separate from Annual Report Board list.*
- Attachment G:** Annual Report covering a period ending on or after 6/30/2004. Must contain a full description of the organization's activities and supporting services and list Board of Directors and Chief Administrative Personnel. (NOTE: Newsletters may meet this requirement. Submit a complete year's worth.)
- Attachment H:** 25-word statement, public phone number, and Internet web site address plus new Taxonomy choices.