

Inside this Form

VolAg Report Data

Government Awards

Schedule of Private

Overseas Support

Organization

Information

Schedule of

Schedule of Contributors

Statement of

Authorization

1

2

0

6

	For fiscal year beginning	ending
	U.S. Agency for Interna www.usaid.gov <i>k</i>	
	PLEASE READ THE INSTRUCTI	ONS BEFORE COMPLETING THE FORM.
1.	Name of Private Voluntary Organiza	ation (PVO)
2.	Acronym	
3.	Headquarters Address	
	Address 1	
	Address 2	
4.	<i>City</i> Telephone Number	State Zip Code + 5. Facsimile Number
	()	_ ()
6.	PVO E-mail Address	@
7.	Web site	
	Executive Representative	
	(Dr., Mr., Ms.) (First)	(Last)
	Position Title	
9.	Financial Representative	
	(Dr., Mr., Ms.) (First)	(Last)
	Position Title	
10.	Correspondence Representative	
	(Dr., Mr., Ms.) (First)	(Last)
	Position Title	
	Rep. E-mail Address	@
11.	USAID-Assigned Identification Number (Decode Number)	12. Federal Employer Identification Number (EIN)
13.	Date of Incorporation	14. Dun & Bradstreet/DUNS No.

1 DISCLOSURE.

UNDER THE PRIVACY ACT, THIS FORM IS AVAILABLE FOR PUBLIC

INSTRUCTIONS

Note: The financial statements and AID Form 1550-2 must be for the same fiscal year and the totals for the two documents <u>MUST RECONCILE</u>. Failure to reconcile the two documents could cause a delay in processing the submission or may require the submission to be returned.

In the checkboxes provided on the front page of this form, check Initial Registration if this is your organization's application for registration with USAID; otherwise, other registrants should check Annual Return.

- Line 1: Enter the corporate name of the organization as shown in its articles of incorporation. If the articles or bylaws have been changed within the past 12 months or since your last submission, include the amended documents with this form. Articles of incorporation and amendments must be on state letterhead with state seal and authorizing state signature.
- Line 2: Enter the organization's acronym. If no acronym is provided, a substitute abbreviation for the organization title may be used in the narrative of the *Report of Voluntary Agencies Engaged in Overseas Relief and Development Registered with the U.S. Agency for International Development* (VolAg Report).
- Line 3: Enter the address for the principal headquarters where official correspondence is received. This location must be where officials of the organization can be contacted on a daily basis. A post office box address is not acceptable.
- Line 4: Enter the telephone number at headquarters.
- Line 5: Enter the facsimile number at headquarters.
- Line 6: Enter the general PVO e-mail address for publication in the VolAg Report. This e-mail address is used for USAID notifications. Example: *info@pvoname.org*
- Line 7: Enter the Internet address. Example: www.pvoname.org
- **Line 8:** Enter the designation (*Dr., Mr., Ms.*) name and title of the executive representative. This individual receives correspondence from the USAID Registrar.
- **Line 9:** Enter the designation (*Dr., Mr., Ms.*) name and title of the financial representative. This individual receives annual submission notices and forms.
- **Line 10:** Enter the designation (*Dr., Mr., Ms.*) name and title of the correspondence representative. This point of contact will receive e-mail correspondence sent from USAID.
- Line 11: Enter the USAID-assigned identification number (decode number). This is the five-digit alphanumeric code printed on the PVO's letter of registration acceptance. New applicants will be assigned a USAID decode number upon registration.
- Line 12: Enter the federal employer identification number (EIN) assigned to the organization by the Internal Revenue Service (IRS).
- Line 13: Enter the organization's date of incorporation as stated in the <u>original</u> articles of incorporation.
- Line 14: Enter the organization's Dun & Bradstreet Data Universal Numbering System (DUNS) number.
- Line 15: Enter the organization's Internal Revenue Service tax exemption classification (i.e., 501(c)(3)).
- Line 16: Enter the number of months the enclosed financial statements represent (e.g., 12 for a full year, 1-12 for less than a full year, 13-23 for greater than a full year).

OMB Approval No.: 0412-0035 Expiration Date: 12/31/2007

PART 1		ORGANIZATION INFORMATION		
		PLEASE READ THE INSTRUCTIONS BEFORE COMPLETING THE FORM.		
1.		anization a private, charitable, and nongovernmental organization that maintains al headquarters in the United States?	Yes No	
		Enter the total number of employees organization-wide.		
		Enter the number of employees at principal headquarters.		
2.		organization receive cash contributions from the U.S. general public (i.e., private s, foundations, and corporations)?	Yes No	
3.		organization solicit cash contributions from the U.S. general public (i.e., perform g activities)? If no, please explain.	Yes No	
4.		ganization's board members compensated for serving on the board?	Yes No	
	Required	List of board members with employees of the organization indicated.		
		Enter the total number of board members from the list.		
		Enter the total number of employees indicated on the list of board members.		
		Enter the number of meetings held by the board within the past 12 months.		
5.	Is the orga	anization engaged in voluntary, charitable, or development assistance abroad?	Yes No	
		Enter the number of volunteers working overseas.		
	If the ansv	ver to question 5 is Yes, then go to question 7.		
6.	Does the o	organization anticipate becoming involved in overseas programs? Where?	Yes No	
		(List anticipated countries.)		
7.		ganization's financial statements available to the public upon request? se explain.	Yes No	

- **Note:** The Conditions of Registration can be found at: www.usaid.gov *Keyword: PVC*
- Question 1: If the answer is no, then your organization is not meeting Condition No.1, which states an organization must have its headquarters in the United States; where officials of the organization can be contacted on a daily basis.
- Question 2: If your organization receives cash contributions during the current fiscal year, answer yes to this question. Any organization that does not receive cash contributions—as supported by the financial statements—does not meet Condition No. 2.
- **Question 3:** If your organization actively solicits cash contributions during the current fiscal year, answer yes to this question.
- **Question 4:** If your organization's board members are compensated for the sitting on the board, then your organization does not meet Condition No. 7. Compensation is defined as payment made specifically for being a member of the Board of Directors. Wages and benefits, both current and deferred, that staff receives from their employment with the organization are not considered compensation for sitting on the board. Reimbursement for reasonable travel expenses to attend board meetings is acceptable.
- **Question 5:** If your organization implements overseas charitable or development activities without volunteer support, answer yes to the question and enter zero for the number of overseas volunteers.
- **Question 6:** If your organization intends on implementing overseas activities, please indicate in which countries the program(s) will begin.
- Question 7: USAID will publish the financial information provided in Part 2, VolAg Report Data.

PART 2	VOLAG REPORT DATA Support, Revenue, and Expenses		
	PLEASE READ THE INSTRUCTIONS BEFORE COMPLETING THE FORM.		
	NOTE: The figures below will be included in the VolAg Report.		
4	1. Section 123 Ocean Freight	\$	
POF	2. P.L. 480 Freight	\$	
- Ang	3. P.L. 480 Donated Food	\$	
Q	4. USAID Grants and Cooperative Agreements	\$	
USAID SUPPORT	5. USAID Contracts	\$	
-	6. Total USAID Support (Add Lines 1 Through 5) (Complete Part 3A)	\$	
	7. U.S. Federal Government Grants and Cooperative Agreements	\$	
	8. U.S. Federal Government Contracts	\$	
FEDERAL	9. U.S. Federal Government Excess Property	\$	
FEDERAL GOVERNMENT SUPPORT	 Total Other U.S. Federal Government Support (Add Lines 7 Through 9) (Complete Part 3B) 	\$	
	11. Private Contributions (Percentages) (Complete Part 5)	\$	
	Individuals% Bequests/Legacies/Endowments%		
	Foundations% Other:%		
ТТ	Corporations % Total _100%		
PRIVATE SUPPORT	12. Subgrants	\$	
SUF	13. Privately Donated Goods and Equipment	\$	
ATE	14. Privately Donated Services	\$	
RIV	15. Private Revenue (i.e., interest income, investment income, sales)	\$	
ā	16. Foreign Government Support	\$	
	17. International Organization Support	\$	
	18. Other U.S. Government Support (i.e., State and Local Grants and Contracts)	\$	
	19. Total Private Support (Add Lines 11 Through 18)	\$	
	20. Total Support and Revenue per Financial Statement (Add Lines 6, 10 & 19) \$		
	(THIS TOTAL MUST EQUAL THE TOTAL ON THE FINANCIAL STATEMENTS)		
	21. Overseas Program Expenses	\$	
	Report USAID-Funded Expenses As Overseas Programs.		
Ë	22. Domestic Program Expenses	\$	
ENS	23. Administrative and Management Expenses	\$	
EXPENSES	Must Be Greater Than or Equal To The Amount Reported In Financial Statements		
ш	24. Fundraising Expenses	\$	
	25. Total Expenses per Financial Statements (Add Lines 21 Through 24)	\$	
	(THIS TOTAL MUST EQUAL THE TOTAL ON THE FINANCIAL STATEMENTS)		

Note: <u>The financial statements and the AID Form 1550-2 must be for the same fiscal year and the totals for the</u> two documents must reconcile.

- Lines 1 5: Enter only amounts as a prime recipient of USAID awards reported as revenue in your organization's financial statements that have been listed in Part 3, Item A.
- **Line 6:** Compute total USAID support by adding lines 1 through 6.
- Lines 7 9: Enter only amounts as a prime recipient of other U.S. Federal Government awards reported as revenue in your organization's financial statements that have been listed in Part 3, Item B.
- Line 10: Compute Total Other U.S. Federal Government support by adding lines 7 through 9.
- **Line 11:** Enter the amount of private contributions and grants (include all fund groups, such as restricted, unrestricted, endowment, plant, etc.). Indicate by percentage the distribution of these sources.
- Required: Complete Part 5, Schedule of Top Ten Cash Contributors. This schedule will <u>not</u> be available to the public.
- **Line 12:** Enter the amount as a sub-recipient with nongovernmental organizations (NGOs), PVOs, and any grants received from the National Endowment for Democracy (NED).
- Line 13: Enter the amount of donated goods and equipment reported in the financial statements.
- Line 14: Enter the amount of donated services reported in the financial statements.
- Line 15: Enter the amount of private revenue. This revenue includes sales of publications, service fees, membership dues, income from investments, gains and losses from investments, and miscellaneous income, as well as other similar sources.
- Line 16: Enter the amount of support received from any foreign government.
- **Line 17:** Enter the amount of support from international organizations, such as the United Nations and its agencies, and the World Bank and its agencies.
- Line 18: Enter the amount of support reported as revenue from U.S. state and local governments.
- Line 19: Compute total private support by adding lines 11 through 18.
- Line 20: Add lines 6, 10, and 19. The amount on this line must agree with the total support and revenue reported in the financial statements for both operating and nonoperating sources.
- Line 21: Enter expenses for overseas programs. Report USAID-funded expenses as overseas programs.
- Note: Overseas activities are those programs that benefit development in countries other than the United States. Certain activities that support these programs may take place in the United States, such as commodity purchasing, participant training, or conference planning. The purpose of the program and the country of origin of its beneficiaries establish whether activities undertaken in implementing the program are overseas or domestic.
- Line 22: Enter expenses for domestic programs. No USAID-funded expenses are reported on this line.
- Line 23: Enter the expenses for administrative and management activities as reported in the financial statements. *Organizations that report no expenses on this line must furnish an explanation.*
- Line 24: Enter the expenses for fundraising activities. If the amount of fundraising expenses equals zero, enter an explanation in Part 1, Line 3.
- Line 25: Add lines 21 through 24. The amount on this line must agree with the total expenses reported in the financial statements.

SCHEDULE OF GOVERNMENT AWARDS

LIST ALL AWARDS. COPY THIS PAGE IF ADDITIONAL SPACE IS NEEDED.

A. USAID Grants, Cooperative Agreements, Contracts, P.L. 480 Food and Freight, Section 123 Ocean Freight, and Excess Property

	Award Number	Office or Mission	Program Title	Current FY Amount
	Example: FAO-A-00-04-00001-00	DCHA/PVC-ASHA	Microenterprise Development	\$150,000
1.				\$
2.				\$
				\$
4.				\$
5.				\$
6.				\$
7.				\$
8.				\$
9.				\$
10.				\$
			Total:	\$ Equals Part 2, line 6

B. Other U.S. Federal Government (USG) Grants, Cooperative Agreements, Contracts, and Excess Property

Other USG Grants, Cooperative Agreements, Contracts, and Excess Property for Overseas Activities

	Award Number	Department/Agency	Program Title	Current FY Amount
_	Example: IA-000-000-G	Dept. of State	Anti-Trafficking	\$400,000
1				\$
2				\$
3				\$
4				\$
5				\$
				\$
	er USG Grants, Cooperat Domestic Activities	ive Agreements, Contracts and	Excess Property	+ \$
				'Ψ
			Totol	¢

Total: \$_

Equals Part 2, line 10

Item A: Enter only the amount as a prime recipient of USAID awards reported as revenue in your organization's financial statements. USAID award numbers are 15-digit numbers that take the following form:

XXX X XX XX XXXXX XX

Examples of USAID Grants, Cooperative Agreements, Contracts:

Award Number	Office or Mission	Program Title	Amount
FFP-G-00-05-00250-00	DCHA/FFP	Farm Bill 202E	\$25,000
656-A-00-04-00113-00	USAID/Mozambique	Ovata Development Program	\$287,000
262-C-00-05-00026-00	USAID/Cairo	Admin. of Justice Support	\$500,000

Total must match Part 2, line 6.

Item B: Enter only the amount as a prime recipient of other USG awards for overseas activities reported as revenue in your organization's financial statements.

Examples of Other USG Grants, Cooperative Agreements, Contracts:

Award Number	Department/Agency	Program Title	Amount
FFEE-440-2003/000-00	Dept. of Agriculture	Scientific Resources	\$775,000
DE-FG12-12DE12345	Dept. of Energy	Envir. Friendly Drilling	\$1,450,000
Funded Transportation	Dept. of Defense	Transportation	\$1,565,000

Add the amount as a prime recipient of other USG awards for domestic activities reported as revenue in your organization's financial statements.

Total must match Part 2, line 10.

PART 4	SCHEDULE OF OVERSEAS PRIVATE SUPPORT	
	1. Private Contributions	\$
⊢	2. Subgrants	\$
OR ⁻	3. Privately Donated Goods and Equipment	\$
REAS SUPPORT	4. Privately Donated Services	\$
OVERSEAS /ATE SUPP	5. Private Revenue (i.e., interest income, investment income, sales)	\$
OVER	6. Foreign Government Support	\$
PRIV	7. International Organization Support	\$
	8. Other U.S. Government Support (i.e., State and Local Grants and Contracts)	\$
	9. Total Overseas Private Support (Add Lines 1 Through 8)	\$

Note: If the organization performs overseas programs, as well as domestic programs, only the portions attributable to the overseas programs should be reported on the above schedule.

Overseas programs are those programs that benefit development in countries other than the United States. Certain activities that support these programs may take place in the United States, such as commodity purchasing, participant training, or conference planning. The purpose of the program and its beneficiaries' country of origin establish whether activities undertaken in implementing the program are overseas or domestic.

- **Line 1:** Enter the amount of private contributions and grants (include all fund groups, such as restricted, unrestricted, endowment, plant, etc.). Indicate by percentage the distribution of these sources.
- Line 2: Enter the amount as a sub-recipient with nongovernmental organizations (NGOs), PVOs, and any grants received from the National Endowment for Democracy (NED).
- Line 3: Enter the amount of donated goods and equipment reported in the financial statements.
- Line 4: Enter the amount of donated services reported in the financial statements.
- Line 5: Enter the amount of private revenue. This revenue includes sales of publications, service fees, membership dues, income from investments, gains and losses from investments, and miscellaneous income, as well as other similar sources.
- Line 6: Enter the amount of support received from any foreign government.
- **Line 7:** Enter the amount of support from international organizations, such as the United Nations and its agencies, and the World Bank and its agencies.
- Line 8: Enter the amount of support reported as revenue from U.S. state and local governments.
- Line 9: Compute total overseas private support by adding lines 1 through 8.

SCHEDULE OF TOP TEN CASH CONTRIBUTORS

THIS SCHEDULE IS NOT AVAILABLE FOR PUBLIC DISCLOSURE.

Name and Address	Current FY Amount
1	\$
2	\$
3	\$
4	\$
5	\$
6	\$
7	\$
8	\$
9	\$
10	\$
	\$

INSTRUCTIONS FOR PART 5

Enter the names, addresses and amounts received from your organization's top 10 contributors for the current year. You may attach Schedule B, Schedule of Contributors of the IRS Form 990 as a substitute for this schedule. Any information you provide on this schedule is not open to the public.

AID FORM 1550-2 (rev 04/27/2005)

STATEMENT OF AUTHORIZATION

1.	Is the checklist carefully reviewed, completed, and included in the submission?	Yes	
2.	Does the submission contain all the required documents as listed on the checklist?	Yes	
A	ID FORM 1550-2 PREPARER		
Р	lease print or type the contact information for the preparer of this form.		

AID Form 1550-2 Preparer

Telephone Number

Facsimile Number

E-mail Address

AUTHORIZED SIGNATURES

Under penalty of perjury, I certify that this is a nonprofit organization with a tax-exemption status under the 501(c)(____) provision of the Internal Revenue Code.

I am authorized to sign this form on behalf of the organization. I have examined this form, including the accompanying schedules, and to the best of my knowledge it is true, correct, and complete.

	Chief Financial Officer
Chief Executive Officer	
Date	Date
Telephone Number	Telephone Number
Facsimile Number	Facsimile Number
E-mail Address	E-mail Address

BURDEN ESTIMATE STATEMENT

PAPERWORK REDUCTION ACT NOTICE: Public reporting burden for this collection of information is estimated to average one to three hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The Agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to USAID, Chief, Policy, Planning and Outreach Division (PPO), Room 7.06, Ronald Reagan Building, Washington, DC 20523-7600 and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Paperwork Reduction Project (0412-0035), Washington, DC 20503.

Date