

Form CHAR410	Registration Statement for Charitable Organizations New York State Department of Law (Office of the Attorney General) Charities Bureau - Registration Section 120 Broadway New York, NY 10271 www.charitiesnys.com/	Open to Public Inspection
For new registrants only (Amending use CHAR410-A, Re-registering use CHAR410-R)		

Part A - Identification of Registrant		
1. Full name of organization (exactly as it appears in your organizing document) <i>Educators of America Inc</i>	5. Fed. employer ID no. (EIN) <i>47-3419747</i>	
2. c/o Name (if applicable)	6. Organization's website <i>educatorsusa.org</i>	
3. Mailing address (Number and street) <i>PO Box 511</i>	Room/suite	7. Primary contact <i>Michael Lynch</i>
City or town, state or country and ZIP+4 <i>Buffalo, NY 14231</i>		Title <i>Executive Director</i>
4. Principal NYS address (Number and street) <i>2881 Southwestern Blvd</i>	Room/suite <i>3</i>	Phone <i>716-200-9905</i>
City or town, state or country and ZIP+4 <i>Orchard Park, NY 14127</i>		Fax
		Email <i>mike@educatorsusa.org</i>

Part B - Certification - Two Signatures Required			
We certify under penalties for perjury that we reviewed this Registration Statement, including all schedules and attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this statement.			
1. President or Authorized Officer/Trustee	<i>Michael Lynch</i> Signature	Michael Lynch Printed Name	Executive Dir. Title
			Date
2. Chief Financial Officer or Treasurer	<i>Tyler Krempa</i> Signature	Tyler Krempa Printed Name	Deputy Dir. Title
			Date

Part C - Fee Submitted		
If registering to solicit contributions, fee is \$25. If not registering to solicit contributions, no fee is owed.	Check <input checked="" type="checkbox"/> if you are submitting \$25 fee to register to solicit contributions.	Submit check or money order, payable to "NYS Department of Law."

Part D - Attachments - All Documents Required
Attach <u>all</u> of the following documents to this Registration Statement, even if you are claiming an exemption from registration: <ul style="list-style-type: none"> • Certificate of incorporation, trust agreement or other organizing document, and any amendments; and • Bylaws or other organizational rules, and any amendments; and • IRS Form 1023 or 1024 Application for Recognition of Exemption (if applicable); and • IRS tax exemption determination letter (if applicable)

Part E - Request for Registration Exemption
Is the organization requesting exemption from registration under either or both Article 7-A or the EPTL? <input type="checkbox"/> Yes* <input type="checkbox"/> No
* If "Yes", complete Schedule E.

Part F - Organization Structure

1. Incorporation / formation

<p>a. Type of organization:</p> <p>Corporation <input checked="" type="checkbox"/></p> <p>Limited liability company (LLC) <input type="checkbox"/></p> <p>Partnership <input type="checkbox"/></p> <p>Sole proprietorship <input type="checkbox"/></p> <p>Trust <input type="checkbox"/></p> <p>Unincorporated association <input type="checkbox"/></p> <p>Other * <input type="checkbox"/></p> <p>* If Other, describe:</p>	<p>b. Type of corporation if New York not-for-profit corporation</p> <p>A <input type="checkbox"/> B <input checked="" type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/></p> <p>c. Date incorporated if a corporation or formed if other than a corporation</p> <p>03, 06, 2015</p> <p>d. State in which incorporated or formed</p> <p>New York</p>
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2. List all chapters, branches and affiliates of your organization (attach additional sheets if necessary)

Name	Relationship	Mailing address (number and street, room/suite, City or town, state or country and zip+4)

3. List all officers, directors, trustees and key employees

Name	Title	Mailing address (number and street, room/suite, city or town, state or country and zip+4)	End of term (if applicable)
Michael Lynch	Exec. Dir.	Same as Part A	__/__/__
Tyler Krempa	Deputy Dir.	Same as Part A	__/__/__
Charles Hathaway	Controller	Same as Part A	__/__/__
			__/__/__
			__/__/__
			__/__/__
			__/__/__
			__/__/__

4. Other Names and Registration Numbers

a. List all other names used by your organization, including any prior names

(Handwritten: 0)

b. List all prior New York State charities registration numbers for the organization, including those from the New York State Attorney General's Charities Bureau or the New York State Department of State's Office of Charities Registration

(Handwritten: 0)

Part G - Organization Activities

1. Month the annual accounting period ends (01-12) 12 2. NTEE code B02

3. Date organization began doing each of following in New York State:

a. conducting activity 03/06/2015

b. maintaining assets 03/06/2015

c. soliciting contributions (including from residents, foundations, corporations, government agencies, etc.) 03/06/2015

4. Describe the purposes of your organization
Educators of America exists to link teachers with the training and technology they need to increase achievement.

5. Has your organization or any of your officers, directors, trustees or key employees been:

a. enjoined or otherwise prohibited by a government agency or court from soliciting contributions? Yes* No
 * If "Yes", describe:

b. found to have engaged in unlawful practices in connection with the solicitation or administration of charitable assets? Yes* No
 * If "Yes", describe:

6. Has your organization's registration or license been suspended by any government agency? Yes* No
 * If "Yes", describe:

7. Does your organization solicit or intend to solicit contributions (including from residents, foundations, corporations, government agencies, etc.) in New York State? Yes* No
 * If "Yes", describe the purposes for which contributions are or will be solicited:
Contributions will be used to fund our micro-grant program so we can fulfill more technology grants for teachers.

8. List all fund raising professionals (FRP) that your organization has engaged for fund raising activity in NY State (attach additional sheets if necessary)

Name	Type of FRP (see instructions for definitions)	Mailing address (number and street, room/suite, city or town, state or country and zip+4)	Dates of contract
	PFR <input type="checkbox"/> FRC <input type="checkbox"/> CCV <input type="checkbox"/>		Start date: ___/___/___ End date: ___/___/___
	PFR <input type="checkbox"/> FRC <input type="checkbox"/> CCV <input type="checkbox"/>		Start date: ___/___/___ End date: ___/___/___
	PFR <input type="checkbox"/> FRC <input type="checkbox"/> CCV <input type="checkbox"/>		Start date: ___/___/___ End date: ___/___/___

Part H - Federal Tax Exempt Status

1. If applicable, list the date your organization:

a. applied for tax exempt status 03/31/2015

b. was granted tax exempt status 04/09/2015

c. was denied tax exempt status ___/___/___

d. had its tax exempt status revoked ___/___/___

2. Provide Internal Revenue Code provision: 501(c)(3)