Print Form

PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

Annual Benefit Report

(15 Pa.C.S § 3331)

Name

Address

City State Zip Code

Document will be returned to the name and address you enter to the left.

Fee: $70

In compliance with the requirements of the provisions relating to the filing of an annual benefit report, the undersigned benefit corporation hereby states that:

1. The name of the corporation is:

2. The (a) address of this corporation's current registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is (complete (a) or (b), not both):

   (a) Number and Street City State Zip County

   (b) Name of Commercial Registered Office Provider County

   c/o:

3. A narrative description of:
   (i) the ways in which the benefit corporation pursued general public benefit during the year and the extent to which general public benefit was created;

   (ii) the ways in which the benefit corporation pursued any specific public benefit that the articles state is the purpose of the benefit corporation to create and the extent to which that specific public benefit was created;

   (iii) any circumstances that have hindered the creation by the benefit corporation of general or specific public benefit; and

   (iv) the process and rationale for selecting or changing the third-party standard used to prepare the benefit report.

4. An assessment of the overall social and environmental performance of the benefit corporation against a third-party standard applied consistently with any application of that standard in prior benefit reports or accompanied by an explanation of the reasons for any inconsistent application.

5. The name of the benefit director and the benefit officer, if any, and the address to which correspondence to each of them may be directed.

6. The compensation paid by the benefit corporation during the year to each director in that capacity.

7. The annual compliance statement of the benefit director described in section 3322(c) (relating to benefit director).
Check applicable statements and strikeout inapplicable statements.

___ In the opinion of the benefit director, the benefit corporation acted in accordance with its general and any specific public benefit purpose in all material respects during the period covered by this report.

___ In the opinion of the benefit director, the directors and officers complied with sections 3321(a) (relating to standard of conduct for directors) and 3323(a) (relating to standard of conduct for officers), respectively.

___ In the opinion of the benefit director, the benefit corporation or its directors or officers failed so to act.
Following is a description of the ways in which the benefit corporation or its directors or officers failed so to act:

8. A statement of any connection between the organization that established the third-party standard, or its directors, officers or any holder of 5% or more of the governance interests in the organization, and the benefit corporation or its directors, officers or any holder of 5% or more of the outstanding shares of the benefit corporation, including any financial or governance relationship which might materially affect the credibility of the use of the third-party standard.

9. If the benefit corporation has dispensed with, or restricted the discretion or powers of, the board of directors, a description of:
(i) the persons that exercise the powers, duties and rights and who have the immunities of the board of directors; and

(ii) the benefit director, as required by section 3322(e).

IN TESTIMONY WHEREOF, the undersigned registrant has caused this Annual Benefit Report to be signed by a duly authorized officer this _____ day of_____, 20_____.

_____
Name of Benefit Corporation

_____
Signature

_____
Title

Department of State
Bureau of Corporations and Charitable Organizations
P.O. Box 8722
Harrisburg, PA 17105-8722
(717) 787-1057
Web site: www.dos.state.pa.us/corps

Instructions for Completion of Form:

A. Typewritten is preferred. If not, the form shall be completed in black or blue-black ink in order to permit reproduction. The filing fee for this form is $70 made payable to the Department of State.

B. Under 15 Pa.C.S. § 135(c) (relating to addresses) an actual street or rural route box number must be used as an address, and the Department of State is required to refuse to receive or file any document that sets forth only a post office box address.

C. Additional pages may be attached as needed.

D. The information in box 6 (relating to compensation paid to directors) may be omitted from the benefit report as filed with the Department of State.

E. This form and all accompanying documents shall be mailed to the above stated address.