

COPY

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BEFORE THE SECRETARY OF THE COMMONWEALTH

Commonwealth of Pennsylvania,
Bureau of Charitable Organizations

v.

United Ostomy Association
Of America, Respondent

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Docket No. 0005-98-17
File No. 15-98-08631

Department of State
15-98-08631
10/11/17

CONSENT AGREEMENT AND ORDER

The Commonwealth of Pennsylvania, Bureau of Corporations and Charitable Organizations ("Bureau"), and United Ostomy Association of America ("Respondent"), stipulate as follows in settlement of the above-captioned case.

JURISDICTION

1. This matter is before the Secretary of the Commonwealth ("Secretary") pursuant to the Solicitation of Funds for Charitable Purposes Act, Act of December 19, 1990, P.L. 1200, No. 202, as amended ("Act"), 10 P.S. §§ 162.1 *et. seq.*

2. At all relevant and material times, Respondent acted as a charitable organization as defined by the Act.

3. At all relevant and material times, Respondent did not register as a charitable organization in Commonwealth of Pennsylvania or provide information that Respondent was exempt from registration under the Act.

STIPULATED FACTS

4. Respondent admits that the following allegations are true:

a. Respondent is a New Jersey non-profit corporation, entity number 83024, which incorporated on or about August 11, 2005.

b. On or about March 22, 2006 Respondent was granted 501(c)(3) Federal tax exempt status.

c. Per the Constitution of the United Ostomy Association of America, Respondent's purpose is to provide a non-profit association that will serve to unify and strengthen support groups in America that are organized for the benefit of people who have or will have intestinal or urinary diversions and for their caregivers.

d. On or about May 18, 2015, Respondent submitted initial registration materials based on the organization's fiscal year ending December 31, 2013, to the Pennsylvania Department of State's Bureau of Corporations and Charitable Organizations (hereafter referred to as 'Bureau').

e. Following receipt of the information submitted in May 2015, the Bureau reviewed and approved Respondent's registration and assigned registration certificate number 103859 to Respondent.

f. During review of the Charitable Organization Registration Statement BCO-10 Form submitted by Respondent as part of the registration materials, the Bureau noted a possible inconsistency in the information reported by Respondent.

g. Specifically, the Bureau noted that in response to questions eight (8) and nine (9) on the Charitable Organization Registration Statement BCO-10 Form, requesting the date Respondent began soliciting contributions in the Commonwealth of Pennsylvania and the date Respondent exceeded \$25,000 in total gross annual contributions,

respectively, that Respondent reported “never,” however, Respondent’s 2013 IRS Form 990 reported gross annual contributions totaling \$185,194.

h. A true and correct copy of Respondent’s Charitable Registration Statement BCO-10 Form submitted in May 2015 is attached and incorporated herein as **Exhibit A**.

i. A true and correct copy of Respondent’s 2013 IRS 990 is attached and incorporated herein as **Exhibit B**.

j. On or about June 16, 2015, the Bureau mailed via First Class and Certified Mail, a letter requesting Respondent provide the Bureau with a written explanation for the apparent discrepancies between the information reported in the Charitable Organization Registration Statement BCO-10 Form and the 2013 IRS 990 Form.

k. A true and correct copy of the Bureau’s June 16, 2015 letter to Respondent is attached and incorporated herein as **Exhibit C**.

l. On or about July 1, 2015, the Bureau received a letter from Labyrinth, Inc., on behalf of Respondent, in response to the Bureau’s June 16, 2015 letter.¹

m. A true and correct copy of Labyrinth’s letter on behalf of Respondent, to the Bureau is attached and incorporated here in as **Exhibit D**.

n. In the letter, Labyrinth (on Respondent’s behalf) informed the Bureau that Respondent incorrectly answered questions eight (8) and nine (9) on the Charitable Organization Registration Statement BCO-10 Form.

o. Labyrinth further advised that Respondent first began soliciting in the Commonwealth of Pennsylvania in 2006 and received gross annual contributions of more than \$25,000 the same year.

¹ Labyrinth Inc. is a professional company that offers state registration services for charitable organizations, professional solicitors and professional fundraising counsel.

p. Respondent solicited contributions in Pennsylvania and did not register within thirty (30) days of exceeding \$25,000 as required by Sections 5(a) and 6(a)(8) of the Act, 10 P.S. §§ 162.5(a) and 162.6(a)(8).

q. On or about July 10, 2015, the Bureau contacted Respondent (through Labyrinth) via email to obtain additional information regarding Respondent, specifically, whether Respondent solicited contributions in Pennsylvania during the years 2007 through 2012, and whether Respondent received gross contributions of more than \$25,000 in each of those years.

r. On or about July 14, 2015, Labyrinth on behalf of Respondent, replied to the Bureau's email and confirmed that Respondent solicited contributions in Pennsylvania in each year from 2007 through 2012 and further that Respondent received more than \$25,000 in gross contributions in each year from 2007 to 2012.

s. Respondent was not registered with the Bureau at any time from 2007 through 2012.

t. On or about July 14, 2015, the Bureau contacted Respondent (through Labyrinth) via email to request copied of the IRS Form 990s filed by Respondent for fiscal years 2006 through 2010, or if unavailable, gross annual contribution amounts for each year for that time period.

u. On or about August 12, 2015, Labyrinth on behalf of Respondent, provided the Bureau with the IRS Form 990s submitted by Respondent for fiscal year 2006 through 2010.

v. Per the IRS Form 990s for Respondent's fiscal years 2006 through 2012, Respondent received gross annual contributions as follows:

- i. In 2006 Respondent received gross annual contributions in the amount of \$173,246.00.
- ii. In 2007 Respondent received gross annual contributions in the amount of \$624,462.00.
- iii. In 2008 Respondent received gross annual contributions in the amount of \$398,260.00.
- iv. In 2009 Respondent received gross annual contributions in the amount of \$243,755.00.
- v. In 2010 Respondent received gross annual contributions in the amount of \$75,531.00.
- vi. In 2011 Respondent received gross annual contributions in the amount of \$132,265.00.
- vii. In 2012 Respondent received gross annual contributions in the amount of \$188,311.00.
- w. Per Respondent, Respondent solicited charitable contributions from and within the Commonwealth of Pennsylvania in each year from 2006 through 2012.
- x. Respondent's initial registration with the Bureau was submitted on May 18, 2015.
- y. Respondent's current registration expires on November 15, 2017.

AGREED VIOLATIONS

5. Respondent admits and agrees that by engaging in the aforementioned activities, Respondent committed violations of the Act as follows:

a. Section 15(a)(1) of the Act, 10 P.S. § 162.15(a)(1), by and through actions that were not in accordance with Section 5(a), 10 P.S. § 162.5(a), by soliciting contributions in the absence of an approved registration from 2006 through May 18, 2015.

PROPOSED ORDER

6. The participants, intending to be legally bound, consent to issuance of the following Order in settlement of this matter:

a. Respondent violated the Act at Section 15(a)(1) of the Act, 10 P.S. § 162.15(a)(1), by and through actions that were not in accordance with Section 5(a), 10 P.S. § 162.5(a), by soliciting contributions in the absence of an approved registration from 2006 through May 18, 2015.

ADMINISTRATIVE PENALTIES

7. An **ADMINISTRATIVE FINE** of **FIVE THOUSAND DOLLARS (\$ 5,000.00)** is levied upon Respondent. Respondent shall tender the full sum of five thousand dollars (\$5,000.00), with this executed Consent Agreement.

a. Payment shall be by **certified check, cashier's check, attorney's check, or U.S. Postal money order.**

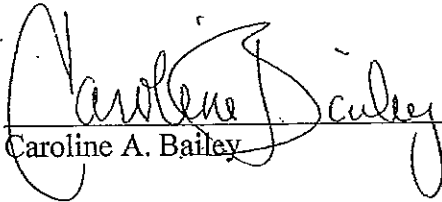
b. The instrument of payment shall be **made payable to the "Commonwealth of Pennsylvania,"** and shall be valid for a period of at least one hundred eighty (180) days.

c. Respondent agrees that payment will be made by one of the methods indicated in subparagraph (a) above and that payment by uncertified personal check, corporate check or cash will not be accepted.

referring any information or data produced as a result of this matter to any federal, state, or local agency or governmental unit having jurisdiction over the activities of Respondent or any officer, director, agent, employee or independent contractor of the Respondent.

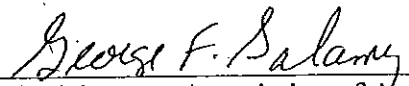
VERIFICATION OF FACTS AND STATEMENTS

14. Respondent verifies that the facts and statements set forth in this Agreement are true and correct to the best of Respondent's knowledge, information and belief. Respondent understands that statements in this Agreement are made subject to the criminal penalties of 18 Pa.C.S. § 4904 relating to unsworn falsification to authorities.



Caroline A. Bailey

Prosecuting Attorney
Department of State
DATE: 3/20/2017



United Ostomy Association of America
By: *George Salamy*
Title: *SECRETARY / Treasurer*
Respondent
DATE: 2/28/17

N/A

Counsel for Respondent

DATE:



Commonwealth of
Pennsylvania
Department of State

Bureau of Charitable Organizations
207 North Office Building
Harrisburg, Pennsylvania 17120
Telephone: (717) 783-1720
(800) 732-0999 (within PA only)
Fax: (717) 783-6014
Website: www.dos.state.pa.us/charities

For Official Use Only	
Approved:	_____
RF:	_____
AF:	_____
LF:	_____
Fee Received:	_____

Charitable Organization Registration Statement - Form BCO-10

Check if registering voluntarily
(See note under "important information")

Certificate Number: _____
(Renewals Only)

Fiscal Year Ended: 12 / 31 / 2013

Employer Identification Number (EIN): 13-4310726

1. Legal name of organization: United Ostomy Associations of America, Inc

PA DEPT. OF STATE

Check if name change Previous name: N/A

2. All other names used to solicit contributions: _____ MAY 18 2015
None

3. Contact person: Joan McGorry

Contact's E-mail: oa@ostomy.org

Physical address of organization: (Required) Mailing address: (If different than physical)

2505 Country View Drive

PO Box 512

City: Northfield

City: Northfield

State: MN Zip code: 55057

State: MN Zip code: 55057

County: Rice

800 number: 800-826-0826

Phone number: 800-826-0826

Fax number: N/A

E-mail (If different than Contact's E-mail): info@ostomy.org

Website: ostomy.org

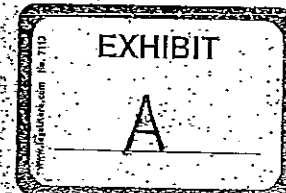
4. Names, addresses, and telephone numbers of all offices, chapters, branches, auxiliaries, affiliates, or other subordinate units located in Pennsylvania: (Attach separate sheet if necessary)

N/A

BCO_10



TT619555



5. For Organizations described in Section 162.7(a) of the Act, check section that describes organization: (See footnote #2 of instructions. Volunteer registrants do not respond.)

162.7(a)(1) 162.7(a)(2)
162.7(a)(3) 162.7(a)(4) Not Applicable

6. List type of organization (e.g. corporation, association, etc.): Non-Profit Corporation
Where established: Collingswood NJ Date established:** 8 / 11 / 2005
**(Initial registrants must submit copies of organizational documents such as charter, articles of incorporation, constitution, or other-organizational instrument, and by-laws.)

7. Is any person compensated, or do you intend to compensate any person, for soliciting contributions in Pennsylvania, including employees of the organization and professional solicitors? Yes No (Do not check "Yes" if you only use or intend to only use a professional fundraising counsel.)

If "Yes", give date person or entity started or will start soliciting contributions from Pennsylvania residents. N/A

Items 8 and 9 are required to be completed by initial registrants only

8. Date organization first solicited contributions from Pennsylvania residents:
Never

9. If organization solicited Pennsylvania residents and received gross* contributions totaling more than \$25,000 during the fiscal year covered by this registration statement, or during its current fiscal year, give date contributions first totaled more than \$25,000. Never
*Includes contributions received both within and outside Pennsylvania.

10. Has organization been granted IRS tax-exempt status? Yes No (If "Yes", please submit copy of IRS exemption letter if not previously submitted.)

A. If "Yes", under which IRS code section: 501(c)(3)

B. Has organization's tax-exempt status ever been denied, revoked, or modified? Yes No (If "Yes" attach copy of denial, revocation, or modification.)

11. Was the organization required to file an IRS 990 return and applicable schedules for its most recently completed fiscal year? Yes No
(If "No", attach explanation of why organization is exempt from filing an IRS 990 return. An organization that is not required to file an IRS 990 return must file a Pennsylvania public disclosure form BCO-23. This includes an organization that files a 990N, 990EZ, or 990PF.)

12. A clear description of the specific programs for which contributions will be used, and a statement whether such programs are planned or in existence:

UOAA is an association of affiliated non-profit support groups who are committed to the improvement of the quality of life for people who have or will have intestinal or urinary diversion.

13. Manner in which contributions are solicited (e.g. direct mail, telephone, internet, etc.):

Personal Contact, Direct Mail, Internet, E-mail, Special Events, Corporate Solicitation

14. Is organization registered to solicit contributions in any other state or municipality? Yes No (If "Yes", list all states and municipalities. Attach separate sheet if necessary.)

None

15. Names, addresses, and telephone numbers of all professional solicitors you use or intend to use to solicit contributions from Pennsylvania residents. For each entry, include the beginning and ending dates of all contracts, and dates Pennsylvania residents were first solicited, or will be solicited. (Attach separate sheet if necessary)

N/A

16. Names, addresses, and telephone numbers of all professional fundraising counsels you use or intend to use to provide services with respect to the solicitation of contributions from Pennsylvania residents. For each entry, include the beginning and ending dates of all contracts, and dates services began, or will begin, with respect to soliciting contributions from Pennsylvania residents. (Attach separate sheet if necessary)

N/A

17. Names, addresses, and telephone numbers of any commercial coventurers under contract with your organization:

N/A

18. If you are a parent organization located in Pennsylvania, do you elect to file a combined registration covering all of your Pennsylvania affiliates?

Yes No Not Applicable (See note under "important information")

If "Yes", give all names and certificate numbers of your affiliate organizations:
(For each affiliate whose parent organization files a Form IRS 990 group return, it must file a form BCO-23, in addition to filing a copy of the organization's Form IRS 990 return.)

N/A

19. Are you a Pennsylvania affiliate of a parent organization, which elected to file a combined registration on your behalf? Yes No (See note under "important information")

If "Yes", provide the name and, if available, certificate # of your parent organization. (For each affiliate whose parent organization files a Form IRS 990 group return, it must file a form BCO-23, in addition to filing a copy of the organization's Form IRS 990 return.)

N/A

(Legal name of parent organization)

(Certificate #)

20. Does your organization share contributions or other revenue with any other nonprofit corporation or unincorporated association? Yes No (If "Yes", attach an explanation listing name, address, type of organization, and relationship to your organization.)

21. Does your organization share formal governance with any other nonprofit corporation or unincorporated association? Yes No (If "Yes", attach an explanation listing name, address, type of organization, and relationship to your organization.)

22. Does any other domestic or foreign organization own a 10% or greater interest in your organization? Yes No (If "Yes", attach the following information for each other domestic or foreign organization: name and type of organization, whether organization is for-profit or nonprofit, and relationship of organization to your organization.)

23. Does your organization own a 10% or greater interest in any other domestic or foreign organization? Yes No (If "Yes", attach the following information for each other domestic or foreign organization: name and type of organization, whether organization is for-profit or nonprofit, and relationship of organization to your organization.)

24. Provide the names and addresses of all officers, directors, trustees, and principal salaried executive staff officers: (Attach separate sheet if necessary)
See attached listing.

25. Names and addresses for: (Attach separate sheet if necessary)

A. Individual(s) in charge of solicitation activities:

Jay Pacitti

c/o United Ostomy Associations of America, Inc.

B. Individual(s) with final responsibility for the custody of contributions:

Joan McGorry

c/o United Ostomy Associations of America, Inc.

C. Individual(s) with final responsibility for final distribution of contributions:

Board of Directors

c/o United Ostomy Associations of America, Inc.

D. Individual(s) responsible for custody of financial records:

Joan McGorry

c/o United Ostomy Associations of America, Inc.

26. If you answer "Yes" to any of the following, attach a list of related individuals with names, business, and residence addresses of related parties. Are any officers, directors, trustees, or employees related by blood, marriage, or adoption to:

A. Any other officer, director, trustee, or employee? Yes No

B. Any officer, agent, or employee of any professional fundraising counsel or solicitor under contract with organization? Yes No

C. Any supplier or vendor providing goods or services? Yes No

27. If you answer "Yes" to any of the following, attach full written explanations, including reasons for actions, and copies of all relevant documents. Has organization or any of its present officers, directors, executive personnel, trustees, employees, or fundraisers:

A. Been found to have engaged in unlawful practices in the solicitation of contributions or administration of charitable assets or been enjoined from soliciting contributions or are such proceedings pending in this or any other jurisdiction? Yes No

B. Had its registration or license to solicit contributions denied, suspended, or revoked by any governmental agency? Yes No

C. Entered into any legally enforceable agreement such as a consent agreement, an assurance of voluntary compliance or discontinuance with any district attorney, Office of Attorney General, or other local or state governmental agency? Yes No

I certify that the information provided in this registration, including all statements and documentation, is true and correct. I understand that the falsification of any statement or documentation is subject to criminal penalties for unsworn falsifications pursuant to 18 PA. C.S. § 4904.

David Rudzin
Signature of Chief Fiscal Officer

Date 3/31/15

David Rudzin, Treasurer
Type or Print Name and Title of Chief Fiscal Officer

Susan Burns
Signature of Another Authorized Officer

Date 4-7-15

Susan Burns, President
Type or Print Name and Title of Another Authorized Officer

Checklist
<input checked="" type="checkbox"/> Original Registration Statement Properly Signed and Dated
<input checked="" type="checkbox"/> A Copy of Form IRS 990 Return and Required Schedules Signed and Dated by an Authorized Officer
<input checked="" type="checkbox"/> Form BCO-23, if Required
<input checked="" type="checkbox"/> Applicable Financial Statements
<input checked="" type="checkbox"/> Registration Fee and any Late Filing Fees
<input checked="" type="checkbox"/> Additional Filings, if an Initial Registrant

United Ostomy Associations of America, Inc.

2505 Country View Drive
Northfield, MN 55057
800-826-0826

ORGANIZATION

United Ostomy Associations of America, Inc. was incorporated in the state of New Jersey on August 15, 2005.

United Ostomy Associations of America, Inc. was granted an exemption from income tax under §501(c)(3) of the Internal Revenue Code in a letter dated March 22, 2006.

PURPOSE OF THE ORGANIZATION

The purpose of United Ostomy Associations of America, Inc. is to provide a non-profit association that will serve to unify and strengthen support groups in America that are organized for the benefit of people who have or will have intestinal or urinary diversions and for their caregivers.

GENERAL PURPOSE FOR WHICH CONTRIBUTIONS WILL BE USED

Contributions are used to provide local support groups with leadership workshops, education and monthly newsletters, a hotline for ostomy patients for emotional and educational support, educational DVDs and patient guides, and a biennial national education conference.

United Ostomy Associations of America, Inc.
2505 Country View Drive
Northfield, MN 55057
800-826-0826

Officers, Directors, Trustees, and Key Employees

Susan Burns	President
Joan McGorry	Director of Administrative Services
James Murray	1st Vice President
Al Nua	Director
Cheryl Ory	Director
Jay Pacitti	Director of Development & Program Support
Millie Parker	Director
Fran Popp	Secretary
David Rudzin	Treasurer
Ival Secrest	Director
Doug Shefsky	Director

All officers can be contacted at the address listed above

United Ostomy Associations of America, Inc.

2505 Country View Drive

Northfield, MN 55057

800-826-0826

State

Registration Number

Applications are being submitted simultaneously to other jurisdictions with registration requirements.

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: MAR 22 2008

UNITED OSTOMY ASSOCIATIONS OF
AMERICA INC
424 BRADFORD AVE
WESTMONT, NJ 08108

Employer Identification Number:
13-4310726
EIN:
.17053074024006
Contact Person:
RONALD D BELL ID# 31185
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
December 31
Public Charity Status:
170(b)(1)(A)(vi)
Form 990 Required:
Yes
Effective Date of Exemption:
August 15, 2005
Contribution Deductibility:
Yes
Advance Ruling Ending Date:
December 31, 2009

Dear Applicant:

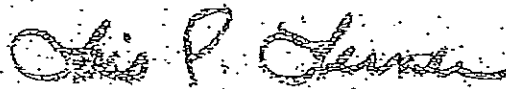
We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. During your advance ruling period, you will be treated as a public charity. Your advance ruling period begins with the effective date of your exemption and ends with advance ruling ending date shown in the heading of the letter.

Shortly before the end of your advance ruling period, we will send you Form 8734, Support Schedule for Advance Ruling Period. You will have 90 days after the end of your advance ruling period to return the completed form. We will then notify you, in writing, about your public charity status.

Please see enclosed Information for Exempt Organizations Under Section 501(c)(3) for some helpful information about your responsibilities as an exempt organization.

Sincerely,



Lois G. Lerner
Director, Exempt Organizations
Rulings and Agreements

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public.
Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2013 calendar year, or tax year beginning and ending

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization United Ostomy Associations of America
 Doing Business As

D Employer identification number 13-4310726

Number and street (or P.O. box if mail is not delivered to street address) 2489 Rice St Suite 275
 Room/suite

E Telephone number 800-826-0826

City or town, state or province, country, and ZIP or foreign postal code
Roseville MN 55113

G Gross receipts \$ 360,490

F Name and address of principal officer:
David Rudzin
PO Box 512
Northfield MN 55057

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: WWW.UOAA.ORG **H(c)** Group exemption number:

K Form of organization: Corporation Trust Association Other

L Year of formation: 2005 **M** State of legal domicile: NJ

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
An association of affiliated non-profit support groups who are committed to the improvement of the quality of life of people who have or will have intestinal or urinary diversion.

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a) 8

4 Total number of voting members of the governing body (Part VI, line 1b) 8

5 Total number of individuals employed in calendar year 2013 (Part V, line 2a) MAY 18 2015

6 Total number of members (estimate if necessary) 14

7a Total revenue from Part VIII, column (C), line 12 7,192

7b Total taxable income from Form 990-T, line 34 1,559

	Prior Year	Current Year
8 Total revenue (Part VIII, line 1h)	188,311	185,194
9 Total revenue (Part VIII, line 2g)	73,860	159,974
10 Total revenue (Part VIII, column (A), lines 3, 4, and 7d)	7,361	5,730
11 Total revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	39,182	9,592
12 Total revenue from lines 8 through 11 (must equal Part VIII, column (A), line 12)	308,714	360,490
13 Total contributions paid (Part IX, column (A), lines 1-3)		0
14 Total membership dues (Part IX, column (A), line 4)		0
15 Total compensation, employee benefits (Part IX, column (A), lines 5-10)	71,942	69,077
16a Fees (Part IX, column (A), line 11e)		0
16b Total fees (Part IX, column (D), line 25) <u>14,399</u>		
17 Total revenue (Part IX, column (A), lines 11a-11d, 11f-24e)	227,283	264,205
18 Total expenses (Part IX, column (A), line 25)	299,225	333,282
19 Subtract line 18 from line 12	9,489	27,208
20 Total net assets or fund balances (Part X, line 16)	795,818	828,095
21 Total major expenses (Part X, line 26)	2,788	8,560
22 Net assets or fund balances. Subtract line 21 from line 20	793,030	819,535

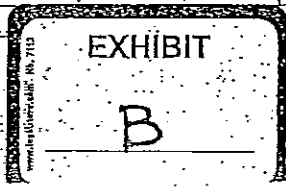
Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign here Signature of officer Susan Burns Date
 Vice President
 Type or print name and title

Prepared by Print/Type preparer's name Ann Etter Preparer's signature Ann Etter Date 11/10/14 Check if PTIN
 Preparer's EIN 41-1927912
 Firm's name LEOTA GOODNEY, CPA, P.A.
 Firm's address 319 Division St., PO Box 347 Northfield, MN 55057-0347 Phone no. 507-663-0861

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No



Part VIII Statement of Revenue
 Check if Schedule O contains a response or note to any line in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
1a	Federated campaigns				
b	Membership dues				
c	Fundraising events				
d	Related organizations	19,923			
e	Government grants (contributions)				
f	All other contributions, gifts, grants, and similar amounts not included above	165,271			
g	Noncash contributions included in lines 1a-1f	\$			
h	Total. Add lines 1a-1f	185,194			
		Busn. Code			
2a	National Conference	114,403	114,403		
b	Phoenix Magazine	45,571	45,571		
c					
d					
e					
f	All other program service revenue				
g	Total. Add lines 2a-2f	159,974			
3	Investment income (including dividends, interest, and other similar amounts)	5,730			5,730
4	Income from investment of tax-exempt bond proceeds				
5	Royalties				
		(i) Real	(ii) Personal		
6a	Gross rents				
b	Less: rental exps.				
c	Rental inc. or (loss)				
d	Net rental income or (loss)				
7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other		
b	Less: cost or other basis & sales exps.				
c	Gain or (loss)				
d	Net gain or (loss)				
8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a			
b	Less: direct expenses	b			
c	Net income or (loss) from fundraising events				
9a	Gross income from gaming activities. See Part IV, line 19	a			
b	Less: direct expenses	b			
c	Net income or (loss) from gaming activities				
10a	Gross sales of inventory, less returns and allowances	a			
b	Less: cost of goods sold	b			
c	Net income or (loss) from sales of inventory				
Miscellaneous Revenue		Busn. Code			
11a	Advertising	541800	7,192		7,192
b	Miscellaneous		2,400	2,400	
c					
d	All other revenue				
e	Total. Add lines 11a-11d		9,592		5,730
12	Total revenue. See instructions.	360,490	162,374	7,192	



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF ENFORCEMENT AND INVESTIGATION
DIVISION OF CHARITIES INVESTIGATIONS AND AUDITS
ROOM 212, NORTH OFFICE BUILDING
HARRISBURG, PA 17120-0103
717.787.0700
800.732.0999 (within PA)

June 16, 2015

VIA CERTIFIED MAIL #9171 9690 0935 0027 7932 34
AND FIRST CLASS US MAIL

Joan McGorry
United Ostomy Associations of America, Inc.
PO Box 512
Northfield, MN 55057

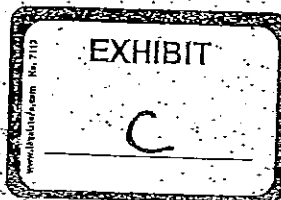
Re: 2015-98-00084

Dear Ms. McGorry:

As you know, the United Ostomy Associations of America (UOAA) recently submitted charitable organization registration materials to the Pennsylvania Bureau of Corporations and Charitable Organizations (Bureau) for its fiscal year ended 12/31/2013.

In response to questions 8, 9, and 14 on the Charitable Organization Registration Statement - Form BCO-10, your organization indicated that it has never solicited charitable contributions in Pennsylvania, that its gross annual contributions never exceeded \$25,000, and that your organization is not registered to solicit charitable contributions in any other state or municipality, respectively; however, a review of your organization's IRS Form 990 reveals UOAA reported gross annual contributions totaling \$185,194. The information contained in these two forms appears contradictory in that UOAA claims for its 2013 fiscal year to have never solicited in Pennsylvania, is not registered to solicit contributions in any other state, and has never exceeded \$25,000 in gross annual contributions; yet your organization reports having received \$185,194 in contributions during the same fiscal year. Copies of relevant sections of the forms are enclosed for your review.

Consequently, within 14 days from your receipt of this letter, please provide a written explanation for the apparently contradictory information contained in UOAA's registration materials identified above.



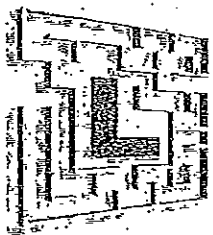
Please contact me at 717.787.0708, or by email at: suhlrich@pa.gov, should you have any questions regarding this request.

Thank you in advance for your assistance in this matter.

Sincerely,

A handwritten signature in cursive script, appearing to read "Steven L. Uhlrich".

Steven L. Uhlrich, CFE
Special Investigator



Labyrinth, Inc.

June 25, 2015

Department of State
Bureau of Corporations and Charitable Organizations
Attn: Steven L. Uhrich
207 North Office Building
Harrisburg, PA 17120

PA DEPT. OF STATE

JUL 01 2015

RE: United Ostomy Associations of America, Inc.
#: 2015-98-00084

Dear Mr. Uhrich:

We received your letter dated June 16, 2015, requesting additional information for the above referenced charitable organization. A copy is attached.

Questions 8 and 9 on the BCO-10 were answered incorrectly. The organization first began soliciting on a limited basis in Pennsylvania in 2006, and received gross contributions totaling more than \$25,000 that same year. The organization is applying for registration in multiple states now, but had not been registered prior because the volunteers that began and operated the organization did not know this was a requirement until a nonprofit professional was brought in this year.

If you should require additional information, please do not hesitate to contact me at 760-931-2620, ext.109 or email at Carolyn@labyrinthinc.com.

CO_Attachments



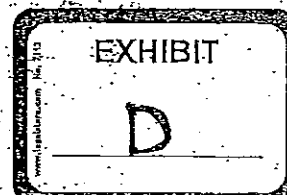
TT628834

Sincerely,

Carolyn Walton

Copy: Jay Pacitti

1808 Aston Avenue, Suite 230, Carlsbad, CA 92008-7365
Tel: (760) 931-2620 • Fax: (760) 930-0030
www.labyrinthinc.com





IN THE MATTER OF
United Ostomy Association of America
File No. 15-98-08631
Docket No. 0005-98-2017

ORDER

AND NOW, this 31st day of March 2017, the foregoing Consent Agreement is hereby approved and the terms set forth in paragraph 7 are hereby adopted and incorporated herein as the Order of the Secretary of the Commonwealth, now issued in resolution of this matter.

THIS ORDER shall take effect immediately.

BY ORDER:

Pedro A. Cortés

Pedro A. Cortés
Secretary of the Commonwealth

For the Commonwealth:

Caroline A. Bailey, Esquire
306 North Office Building
401 North Street
Harrisburg, PA 17120

For Respondent:

United Ostomy Association of America
Attn: Jay Pacitti, Executive Director
58 Portland Rd, Suite 15
P.O. Box 525
Kennebunk, ME 04043