

Form CHAR410 <small>For new registrants only (Amending use CHAR410-A, Re-registering use CHAR410-R)</small>	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
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Part A - Identification of Registrant			
1. Full name of organization (exactly as it appears in your organizing document) <i>Brian Carr Education and Research Charitable Trust</i>		5. Fed. employer ID no. (EIN) <i>20-0677819</i>	
2. c/o Name (if applicable) <i>Brian Carr</i>		6. Organization's website <i>http://brian.carr.name/bcTrust/</i>	
3. Mailing address (Number and street) <i>719 6th Ave</i>	Room/suite	7. Primary contact <i>Brian Carr</i>	
City or town, state or country and ZIP+4 <i>Watervliet, NY 12189</i>		Title <i>Custodian</i>	
4. Principal NYS address (Number and street) <i>719 6th Ave</i>	Room/suite	Phone <i>518-227-0129</i>	Fax <i>N/A</i>
City or town, state or country and ZIP+4 <i>Watervliet, NY 12189</i>		Email <i>brian@brian.carr.name</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	Signature	Printed Name	Title
	<i>Brian P. Carr</i>	<i>Brian P. Carr, Custodian, Dec 21, 2014</i>	Date
2. Chief Financial Officer or Treasurer	Signature	Printed Name	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 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 checked="" type="checkbox"/> No	
* If "Yes", complete Schedule E.	

Part F - Organization Structure
1. Incorporation / formation
a. Type of organization:

 Corporation ☐

 Limited liability company (LLC) ☐

 Partnership ☐

 Sole proprietorship ☐

 Trust ☒

 Unincorporated association ☐

 Other * ☐

* If Other, describe:

b. Type of corporation if New York not-for-profit corporation

 A ☐ B ☐ C ☐ D ☐
c. Date incorporated if a corporation or formed if other than a corporation
08, 07, 2009
d. State in which incorporated or formed
Texas
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)
N/A		

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)
Brian Carr	Custodian	719 6th Avenue Watervliet, NY 12189	N/A
David Carr	Trustee	22 Fuller Terrace Colonie, NY 12205	N/A
			__/__/__
			__/__/__
			__/__/__
			__/__/__
			__/__/__
			__/__/__

4. Other Names and Registration Numbers
a. List all other names used by your organization, including any prior names
N/A
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
N/A

Part G - Organization Activities			
1. Month the annual accounting period ends (01-12) <div style="font-size: 1.2em; margin-top: 5px;">December</div>	2. NTEE code <div style="font-size: 1.2em; margin-top: 5px;">N/A</div>		
3. Date organization began doing each of following in New York State:			
a. conducting activity	09, 13, 2009		
b. maintaining assets	N/A		
c. soliciting contributions (including from residents, foundations, corporations, government agencies, etc.)	N/A		
4. Describe the purposes of your organization			
Funding education and research over time and to permit development investments to permit increased funding of education and research. Initially the primary use of contributions will be as long term investments which indirectly benefit all members of society through increased productivity.			
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? <input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No			
* If "Yes", describe:			
b. found to have engaged in unlawful practices in connection with the solicitation or administration of charitable assets? <input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No			
* If "Yes", describe:			
6. Has your organization's registration or license been suspended by any government agency? <input type="checkbox"/> Yes* <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No			
* If "Yes", describe the purposes for which contributions are or will be solicited:			
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
N/A	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	09, 13, 2009
b. was granted tax exempt status	11, 22, 2009
c. was denied tax exempt status	N/A
d. had its tax exempt status revoked	N/A
2. Provide Internal Revenue Code provision: 501(c)(<u>3</u>)	