AFFIDAVIT

Complete Legal Name of Organization:

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| --- |
| Asociación Betel |

Country:

|  |
| --- |
| Spain |

Date of Formation as a Legal Entity:

|  |
| --- |
| Oct. 1st 1987 |

I, the undersigned, am making this affidavit to assist The Blackbaud Giving Fund in determining whether the Organization is the equivalent of an exempt organization and public charity as defined in Sections 501(c)(3) and 509(a)(1), (2), or (3), or a private operating foundation as defined in Section 4942(j)(3) of the United States Internal Revenue Code.

I am a director or an officer of the Organization, and am authorized by the Organization’s governing body to make these declarations and to sign this affidavit and submit other supporting documents on behalf of the Organization as legally binding documents.

|  |  |  |
| --- | --- | --- |
| Elliott Tepper |  | President |
| *Name* |  | *Title* |

# Charter Document and Statutory Law Document

The Organization must have been formed by the execution or filing of a document that established the Organization as a legal entity. (“Charter Document”) The Charter Document must be valid and enforceable under the laws of your Country. **You are required to provide: 1) copies of the Charter Document, both in its original, official form, and as fully and accurately translated into English, which are hereby incorporated by reference to this Affidavit, and 2) full English translations of the statutory law of your Country which governs such legal entities.**

**Legal Entity Type.** The Organization is formed as the following type of legal entity:

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| Civil association  (*e.g., corporation, civil association, trust, company limited by guarantee, etc.)* |

**Charter Document.** The Organization was legally formed in your Country by the execution or filing of the following document:

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| Articles of formation  *(e.g., articles of formation, articles of association, certificate of incorporation, trust deed, etc)* |

Copies of your Organization’s Charter Document are attached, both in its original form, and as translated into English:

Yes.  
 No.

**Statutory Law.** The Organization’s status as the above type of legal entity is governed by the following statutory law of your Country:

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| --- |
| Civil Code  *(e.g., Civil Code, Companies Act, Corporations Act, Associations or Foundations Law, etc.)* |

Copies of your Country’s statutory law governing your Organization’s legal entity type are attached, translated into English:

Yes.  
 No.

# Bylaws Document

The Organization must be governed by internal rules which describe the Organization’s requirements for the governing body, dissolution, and other matters. **You are required to provide copies of the Bylaws, fully and accurately translated into English, which are hereby incorporated by reference to this Affidavit.**

**Bylaws.** The Organization is governed by the attached bylaws document, which are valid and enforceable under the laws of your Country:

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| Social statutes  (*e.g., bylaws, social statutes, constitution, memorandum and articles of association, etc.)* |

Copies of your Organization’s bylaws document are attached, translated into English:

Yes.  
 No.

# Special Status Designation and Statutory Law Document (if applicable)

Once formed, the Organization may have been recognized, granted, or designated with a special status under your Country’s tax laws or other legal frameworks, due to the Organization’s charitable activities. **If applicable, the Organization should have received proof of such recognition, certification, or designation. If so, please provide 1) documentation of such special status designation, fully and accurately translated into English, which is hereby incorporated by reference into this Affidavit, and 2) full English translations of the statutory law of your Country which governs entities with such special status.**

**Special Status.** The Organization has been recognized as having the following special status under the laws of your Country:

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| --- |
| Public benefit institution  *(e.g., tax-exempt organization, registered charity, public benefit institution, civil society organization, etc.)* |

**Special Status Designation Document.** The Organization received the following proof of such certification, recognition, or registration of the above special status:

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| --- |
| Letter granting public benefit institution  **(***e.g., letter granting tax-exempt status, certificate of charitable registration, etc.)* |

Copies of the document(s) certifying, recognizing, or registering your Organization’s special status are attached, translated into English:

Yes.  
 No.

**Special Status Statutory Law.** The Organization’s above special status is governed by the following statutory law of your Country:

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| --- |
| Public Benefit Organization Law  *(e.g., Charities Act, Civil Society Organizations Law, Public Benefit Organization Law, etc.)* |

Copies of your Country’s statutory law governing your Organization’s special status are attached, translated into English:

Yes.  
 No.

# Exempt Purposes

The Organization must be organized and operated exclusively for exempt purposes, as identified by the United States Internal Revenue Code § 501(c)(3).

**Charitable Purposes.** The Organization’s purpose and activities are restricted to one or more of the following purposes. Please check all that apply:

Charitable

Literary

Religious

Educational

Scientific

Testing for public safety

Fostering National or International amateur sports competition

Prevention of cruelty to children or animals under the laws of the country identified above

Yes, I affirm.  
 No. Explanation:

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|  |

**Non-Charitable Purposes**. The Organization is **not** empowered to engage in activities for non-charitable purposes under § 501(c)(3) and as set forth above, other than as an insubstantial part of its activities.

Yes, I affirm.  
 No. Explanation, and provide percentage of activities devoted to non-charitable purposes:

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| --- |
|  |

**No Political Campaign Activity**. The Organization does **not** support or oppose candidates in political campaigns in any way.

Yes, I affirm.  
 No. Explanation:

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|  |

**Only Insubstantial Lobbying**. The Organization does **not** devote more than an insubstantial part of its activities to influence legislation.

Yes, I affirm.  
 No. Explanation, and provide percentage of activities devoted to lobbying:

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**Annual Report**: I have uploaded supporting documents describing all of the past, present, and planned programs and activities of the organization, including details such as the manner of carrying out the activities, sources of income and revenue, and types of expenditures.

**It is required that you upload both the Original and English translation of your Annual Report.**

Yes, I affirm.  
 No. Explanation:

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**Summary of Programs**. A summary of the Organization’s programs and activities is as follows:

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| Bringing long-term freedom and restoration to lives broken by drug and alcohol abuse |

# Dissolution

If the Organization terminates, liquidates, or dissolves, then the Organization’s assets must be distributed to another similar organization or organizations, or to a governmental entity, for exclusively charitable purposes.

**Distribution upon Dissolution**. Upon dissolution, all of the Organization’s remaining assets will be distributed as set forth in the bylaws, and as follows:

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| After the payments of all debts, remaining assets will be donated to other charitible organizations |

# No Private Shareholders or Private Benefit

**No Owners or Shareholders**. The Organization has **no** owners, shareholders, members, or other entities that have a proprietary interest or ownership claims in the assets or income of the Organization.

Yes, I affirm.  
 No. Explanation:

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**No Private Inurement**. The Organization’s assets and income are **prohibited** from being distributed to private shareholders or individuals (i.e., founders, board members, officers, key management employees, etc.).

Yes, I affirm.  
 No. Explanation:

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**No Private Benefit**. The Organization’s activities serve a public interest and do **not** result in more than an incidental amount of private benefit to individuals or businesses.

Yes, I affirm.  
 No. Explanation:

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# Affiliation with Other Organizations

Affiliated Organizations. The Organization is **not** operated or otherwise controlled in connection with any other related organization, such as:

* Parent - another organization that controls the Organization
* Subsidiary - another organization controlled by the Organization
* Brother/Sister - another organization that is controlled by the same person or persons that controls the Organization.

Yes, I affirm.  
 No. Explanation:

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# Financial Information

**Fiscal/Accounting Year End**. The Organization’s fiscal/accounting year end is (month and day):

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| --- |
| 31 December |

**Qualification as Publicly Supported Organization or Private Operating Foundation**. Please select the option which best describes the Organization.

The Organization satisfies a public support test as demonstrated by the attached schedule of public charity financial support for the five most recently completed taxable years, or if in existence for less than five years, the Organization can reasonably be expected to meet such test.

A school, meaning an educational organization for which all the following statements are true:

1. It normally maintains a regular faculty and curriculum
2. It normally has a regular enrolled body of pupils or students in attendance at the place where its educational activities are regularly carried on; and
3. It has adopted in its governing documents or via board resolution a nondiscriminatory policy which “admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school administered programs.”

A hospital (that is, an organization whose principal purpose or function is the providing of medical or hospital care) or a medical research organization, the principal purpose or function of which is the continuous active conduct of medical research in conjunction with a hospital.

A church, synagogue, temple, mosque, or other formal place of worship.

A governmental agency or instrumentality of the national, state, province, county, city government or intergovernmental organization *(describe):*

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The Organization satisfies the test as a private operating foundation as demonstrated by the attached schedule for private operating foundations.

# Attestation

**Binding representations.** The representations and statements made in this Affidavit are binding on the Organization and its officers, directors, trustees, and governing body.

I swear or affirm under penalties of perjury under the laws of the United States of America, to the best of my knowledge and belief, that the foregoing and statements and representations and all supporting documents which are attached and submitted in support of this Affidavit are complete, true, and correct as of this date.

This the 16 day of May 2022.

By:

|  |
| --- |
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| *Authorized Signature* |
| Elliott Edward Tepper |
| *Print Name* |
| President |
| *Print Title* |

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| **Supporting Documents to be uploaded into the application:**   1. **Governing Documents.**    1. Copy of Charter Document (Original and in English).    2. Copies of Statutory Law (in English) applicable to Organization’s legal entity type.    3. Copy of Bylaws Document (in English). 2. **Special Status Designation Documents.**    1. Copies of Special Status Designation Certificates, Recognitions, or Registrations (in English).    2. Copies of Statutory Law (in English) applicable to Organization’s special status. 3. **Annual Report** (description of programs and activities) (in English). 4. **Public Support Test Worksheet**, if applicable. 5. **All other applicable documents**. |