

TEXAS CRIME STOPPERS COUNCIL

Application for Organization Merger

SECTION 1: CURRENT INFORMATION

ACQUIRING ORGANIZATION NAME: _____

Tip Line Number: (_____) _____ Administrative Number: (_____) _____

Mailing Address: _____

Website: http://www. _____

Email: _____

Current Certification Period: _____

Population of current service area: _____

IRS Employer Identification Number (EIN): _____ Fiscal Year: _____

Please indicate the date of most recent filing and select form submitted:

Date: _____ ☐ Form 990-N ☐ Form 990-EZ ☐ Form 990 ☐ Other (*specify*): _____

Texas Secretary of State Filing Number: _____

Date of Most Recently Filed Nonprofit Periodic Report: _____

NAME OF ORGANIZATION PARTY TO THE MERGER:

Tip Line Number: (_____) _____ Administrative Number: (_____) _____

Mailing Address: _____

Website: http://www. _____

Email: _____

Current Certification Period: _____

Population of current service area: _____

IRS Employer Identification Number (EIN): _____ Fiscal Year: _____

Please indicate the date of most recent filing and select form submitted:

Date: _____ ☐ Form 990-N ☐ Form 990-EZ ☐ Form 990 ☐ Other (*specify*): _____

Texas Secretary of State Filing Number: _____

Date of Most Recently Filed Nonprofit Periodic Report: _____

SECTION 2: MERGED ENTITY INFORMATION

Name of New Organization: _____

Tip Line Number: (_____) _____ Administrative Number: (_____) _____

Mailing Address: _____

Website: http://www. _____

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Email: _____

Population of merged service area: _____

COURT(s)/COMMUNITY SUPERVISION AND CORRECTIONS DIVISION(s) WHICH PROVIDES FUNDS
(Attach additional page(s) if necessary):

Name:

Address:

UMBRELLA CAMPUS PROGRAM(S) *(Attach additional page(s) if necessary):*

School Name:

School Address:

INTERNAL REVENUE SERVICE (IRS)

Organization Name as stated on IRS determination Letter: _____

IRS Employer Identification Number (EIN): _____ Fiscal Year: _____

TEXAS SECRETARY OF STATE

Organization Name as stated in Amended Certificate of Formation: _____

Texas Secretary of State Filing Number: _____ Filing Date: _____

Name of Registered Agent: _____

Registered Agent Name: _____

Registered Agent Mailing Address: _____

Registered Agent Phone: (_____) _____

SECTION 3: TRAINING REQUIREMENTS

*(Training must have been completed within the two-year period since the effective date of an organization's current certification;
Executive Director training requirement must be included if applicable)*

BOARD MEMBER NAME: _____

Course(s) Attended: _____ Course Date(s): _____

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COORDINATOR NAME: _____

Course(s) Attended: _____ Course Date(s): _____

EXECUTIVE DIRECTOR NAME: _____

Course(s) Attended: _____ Course Date(s): _____

SECTION 4: OTHER REQUIREMENTS AND ATTACHMENTS

ACQUIRING ORGANIZATION:

Y N Accurately filed Probation Fee and Repayment Reports (PFRR) for the previous two years?

Y N Accurately filed bi-annual statistical reports?

Y N Annual bookkeeping review for each of the two previous years.

(The report must conform to accounting standards as identified in the Business Organization Code and must include a statement of support, revenue, and expenses; a statement of changes in fund balances; a statement of functional expenses; and a balance sheet for each fund. Refer to Section 22.352 of the Business Organization Code.)

Y N Copy of meeting minutes which approve the merger.

ORGANIZATION PARTY TO THE MERGER:

Y N Accurately filed Probation Fee and Repayment Reports (PFRR) for the previous two years?

Y N Accurately filed bi-annual statistical reports?

Y N Annual bookkeeping review for each of the two previous years.

Y N Copy of meeting minutes which approve the merger.

MERGED ORGANIZATION:

Y N Current Board of Directors list attached.

(Must include the name, phone number(s), mailing address, email address, occupation, and board position of each member of the board of directors and law enforcement coordinator(s).)

Y N Letter(s) of endorsement from the head of each supporting law enforcement agency.

Y N Copies of all Memorandums of Understanding between the merged organization and supporting law enforcement agencies.

Y N Copies of all Memorandums of Understanding for shared funds.

Y N Documentation from the Internal Revenue Service (IRS) granting the organization name change.

Y N Texas Secretary of State (SOS) Amended Certificate of Formation.

OTHER ATTACHMENTS (please describe):

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SECTION 5: SIGNATURES

ORGANIZATION 1 NAME:

Signature of Chair/President

Signature of Financial Officer/Treasurer

Date Signed

Date Signed

Email/Phone

Email/Phone

ORGANIZATION 2 NAME:

Signature of Chair/President

Signature of Financial Officer/Treasurer

Date Signed

Date Signed

Email/Phone

Email/Phone

This form, along with all supporting documents may be submitted by mail or email:

Mail: Texas Crime Stoppers Council, P.O. Box 12428, Austin, TX 78711

Email: txcrimestoppers@gov.texas.gov