



NEW YORK STATE  
DEPARTMENT *of*  
FINANCIAL SERVICES

**Budget Planner Annual Report  
Calendar Year 2016**

***General Instructions***

- The Annual Report is due at the Department of Financial Services (DFS) by the statutory deadline of **February 1, 2017**.
- All questions apply to the licensed legal entity as a whole, unless otherwise specified.
- Answer all questions. Type or print your answers legibly. Do not change the questions. State “None” or “Not Applicable” where appropriate.
- Attach an addendum to the report in response to any of the questions if additional space is necessary to provide all requested information.
- Subsequent to the initial submission of the Annual Report, if it is determined that information contained therein is substantially inaccurate, untrue, incorrect or incomplete, whether as a result of an audit, new information or otherwise, a revision must be submitted to DFS within two weeks of discovery along with a cover letter on company letterhead signed by an authorized executive officer of the Licensee.

***Reminder***

DFS must be notified within specified timeframes according to the type of changes contemplated. For example:

- Change of licensed locations – *at least 30 days prior to change* [New York Banking Law (NYBL) Section 582 and Superintendent’s Regulations (SR) Part 402.18]
- Change in members of the governing board, executive officers and individuals who supervise the daily operations of the Licensee – *within 10 days of change* [NYBL Section 583 and SR Part 402.8(a) and (b)]
- Modification to the fee structure (whether it is an increase or decrease) for clients in New York State - *at least 30 calendar days prior to implementation* [SR Part 402.14]
- Change in control (i.e. control parties) – ***prior approval of the Superintendent is required*** [NYBL Section 583-a]
- Reports of any arrest, indictment or conviction and certain crimes committed against the Licensee – *immediately upon discovery* [SR Parts 402.19, 402.20, and 300]

Additionally, licensees are permitted to conduct regulated activities only at licensed locations. Pursuant to NYBL Section 580.2, regardless of geographic location, each branch, office or call center that provides budgeting, counseling and other budget planning-related services to New York residents must be licensed.

# NYS DFS 2016 BUDGET PLANNER ANNUAL REPORT

## SCHEDULE A - GENERAL INFORMATION

1. Full legal name of the Licensee:

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2. Assumed (or doing business as) names, fictitious names, and any other names used in connection with budget planner business in New York State during the reporting year and at any time since:

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3. The Licensee is incorporated/organized as a:

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*(Type of legal entity such as corporation, limited liability company, and partnership.)*

under the laws of the state of:

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4. Complete address of the Licensee's headquarters:

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Toll-free telephone number pursuant to SR Part 402.9(a):

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5. Does another entity have control over the Licensee?

\_\_\_\_\_ (Yes or No)      If "Yes", provide the following information:

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Full Name	Complete Address
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Type of Legal Entity with Control over the Licensee <i>(such as corporation, LLC, partnership, etc.)</i>	State in which it is Incorporated/Organized
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6. All locations where New York budget planner business was conducted during the reporting year:

Complete Address	Contact	Phone

7a. **Overall Contact**

The individual **within** the company authorized to coordinate general DFS business and inquiries, and to receive all DFS correspondence:

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Full Name	Title	Phone	Fax
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Complete Mailing Address	Email
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**Secondary contact**, should the overall contact be unavailable:

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Full Name	Title	Phone	Fax
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Complete Mailing Address	Email
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7b. **Billing Contact** (Optional)

Provide the following information only if the Licensee chooses to designate a Billing Contact, apart from the Overall Contact, to receive DFS bills.

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Full Name	Title	Phone	Fax
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Complete Mailing Address	Email
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7c. **Examination Contact** (Optional)

Provide the following information only if the Licensee chooses to designate an Examination Contact, apart from the Overall Contact, to coordinate DFS examinations.

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Full Name	Title	Phone	Fax
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Complete Mailing Address	Email
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7d. Where all books, records, accounts and documents are available for examination by DFS, pursuant to NYBL Sections 585 and 587:

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Company Name and Address

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Full Name of Contact	Title	Phone	Email
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7e. Licensee's websites for New York consumers and clients:

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8. Information of each:
- Control party of the Licensee;
  - Member of the Licensee’s governing board (e.g. director, trustee, etc.); and
  - Executive officer of the Licensee

Full Name	Effective Date (if added since prior annual report)	Title	Board Member (Y/N)*	Control Party (Y/N)	Complete Home Address	Home/Cell Phone	Email

\* If “Y”, provide term expiration date also.

9. Trade associations the Licensee is a member of:

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10. Is the Licensee (or any of its parent, affiliate or subsidiary companies) licensed, registered or otherwise engaged in budget planning **outside of New York State**?

\_\_\_\_\_ (Yes or No) If "Yes", list the entities and the corresponding states, districts, territories, countries, etc.:

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11. Have any of the following individuals and entities been involved in any of the following listed matters in the reporting year and at any time since?

**Individuals and entities:**

- The Licensee
- Any of the Licensee’s parent, affiliate, and subsidiary companies
- Any of the Licensee’s control parties, members of the governing board, and executive officers

**Listed matters:**

- Felony conviction or guilty plea to felony
- Court proceeding or lawsuit in which any of the above-listed individuals and entities was named a defendant
- Investigation, civil or criminal
- Judgment
- Monetary penalty
- Regulatory or supervisory action
- Settlement reached after a lawsuit, claim or court proceeding in which any of the above-listed individuals and entities was named a defendant

\_\_\_\_\_ (Yes or No)

If "Yes", provide details. In addition, for the reported court proceedings, lawsuits and settlements, attach to the report a signed statement from legal counsel on whether the court proceedings, lawsuits and settlements, when aggregated, would materially impact the Licensee’s financial condition and/or ability to meet obligations.

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12. Current standing of the Licensee's tax-exemption status under Section 501(c)(3) of the Internal Revenue Code after the most recent IRS audit: *(Mark one)*

- No change\*
- Not audited
- Audit -- ongoing
- Exemption revoked\*, #
- Revocation under appeal\*, #

\***Attach** a copy of the latest notification/acknowledgement letter from the IRS.

# **Attach** a copy of a good standing certificate as a non-profit organization issued by the Licensee's home state and New York State.

13. Person responsible for completion of this report:

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Full Name	Title	Phone
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## SCHEDULE B - OPERATIONAL INFORMATION

**Note:** *The number reported under line #1.b below should approximate the corresponding figure under line #1.b in last year's report plus the new clients (as reported under line #2.b below) less those who completed or dropped out of their programs (as reported under lines #3 and #4 below).*

1. As of the end of the reporting year, number of budget planning clients:
  - a. Nationwide: \_\_\_\_\_
  - b. New York State<sup>1</sup>: \_\_\_\_\_
2. Number of new clients signed up during the reporting year:
  - a. Nationwide: \_\_\_\_\_
  - b. New York State<sup>1</sup>: \_\_\_\_\_
3. Number of budget planning clients in New York State<sup>1</sup> who completed their programs during the reporting year: \_\_\_\_\_
4. Number of budget planning clients in New York State<sup>1</sup> who dropped out of their programs during the reporting year: \_\_\_\_\_
5. Pursuant to NYBL Section 584-a, the Licensee must submit to DFS any form of written contract it intends to use between itself and clients in New York State. **Attach** a complete copy of the Licensee's client agreement package currently in use. Indicate on the package its effective date.
6. If the Licensee has been granted permission to employ the average daily balance criteria instead of the highest balance in the New York trust account in the setting of the surety bond/asset pledge requirement, pursuant to the DFS industry letter of March 24, 2005, **attach** a copy of the declarations page from the Licensee's Fidelity and Dishonesty insurance policy (that is commensurate with the amount of money held on behalf of all debtors across the country) and the primary trust account bank statement for the *month* of December 2016.

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<sup>1</sup> Pursuant to Article 28-B Section 455.1 of the General Business Law, a budget planning client in New York State is an individual with whom the Licensee has entered into a contract for budget planning and who was a resident in the state of New York at the time the contract was entered into, regardless of his/her subsequent or current residency.

**AFFIDAVIT**

*I, the undersigned, do hereby swear or affirm under the penalties of perjury that (i) I am a control party of the Licensee, (ii) I am authorized to submit the above report (including all addenda and schedules), and (iii) the information contained therein is accurate, true, correct and complete, to the best of my knowledge and belief.*

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Full Name

Title

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Signature

Date

*Subscribed and sworn to/affirmed before me this date:* \_\_\_\_\_

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Full Name of Notary Public

Signature of Notary Public

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Notary Public Number

Date Commission Expires

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County

State