

CHAR410 Form Online For new registrations, Amendments, and Re-registrations	Registration Statement for Charitable Organizations New York State Office of the Attorney General Charities Bureau - Registration Section 28 Liberty Street New York, NY 10005 www.charitiesnys.com	Open to Public Inspection
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Filing Information			
Type of Filing:	<input checked="" type="radio"/> Registration	<input type="radio"/> Amendment	<input type="radio"/> Re-Registration

Contact Information			
1. Name of Charity Do No Harm		5. EIN 874701865	
2. c/o Name (if applicable)		6. Website	
3. Mailing address (Number and street) 11357 Nuckols Road, PMB 115	Room/suite	7. Primary contact Kristina Rasmussen	
City or town, state or country and ZIP+4 Glen Allen, Virginia, 23059, United States		Title Executive Director	
4. Principal address (Number and street)	Room/suite	Phone 434-216-9530	Primary Contact Email kristina@donoharmmedicine.org
City or town, state or country and ZIP+4		Organization Email kristina@donoharmmedicine.org	

3rd Party Preparer Information				
1. Name Deborah Myrick			4. Title Registration Specialist	
2. Name of Firm Labyrinth, Inc.			5. Phone 760-931-2620	
3. Mailing address (Number and street) 1959 Palomar Oaks Way		Room/suite Suite 300	6. Email deborahm@labyrinthinc.com	
City Carlsbad	State/Province California	Postal Code 92011	Country United States	7. Alternate Email

Statute Review	
1. Does the organization conduct activity (other than soliciting) in New York State?	<input type="radio"/> Yes <input checked="" type="radio"/> No
2. When did the organization begin conducting activity?	
3. Does the organization maintain assets in New York State?	<input type="radio"/> Yes <input checked="" type="radio"/> No
4. Does the organization solicit, or plan to solicit or receive more than \$25,000 in total contributions from New York State residents, foundations, corporations or government agencies?	<input checked="" type="radio"/> Yes <input type="radio"/> No
5. If already soliciting, when did this activity begin?	
6. Does the organization contract with or plan in the future to contract with a professional fundraiser or fundraising counsel?	<input type="radio"/> Yes <input checked="" type="radio"/> No

Exemption	
1. Does the organization receive substantially all of its contributions from a government agency to which it submits annual financial reports?	<input type="radio"/> Yes <input type="radio"/> No
2. Does the organization receive an allocation from a federated fund, United Way or incorporated community appeal?	<input type="radio"/> Yes <input type="radio"/> No
3. Is the organization a government agency, controlled by a government agency, the U.S. Congress or New York State Legislature?	<input type="radio"/> Yes <input type="radio"/> No
4. Was the organization formed for religious purposes?	<input type="radio"/> Yes <input type="radio"/> No
5. Is the organization incorporated under the New York State Education Law?	<input type="radio"/> Yes <input type="radio"/> No
6. If the organization is an educational institution, does it limit solicitation of contributions to the student body, alumni, faculty, trustees and their families?	<input type="radio"/> Yes <input type="radio"/> No
7. Is the organization an educational institution or museum that files annual financial reports with the Board of Regents of the State University of New York or an agency with similar responsibilities in another state?	<input type="radio"/> Yes <input type="radio"/> No
8. Is the organization a historical society chartered by the Board of Regents of the State University of New York?	<input type="radio"/> Yes <input type="radio"/> No
8a. Does the organization solicit contributions only from its membership?	<input type="radio"/> Yes <input type="radio"/> No
9. Is the organization a library that files annual financial reports as required by the NYS Department of Education?	<input type="radio"/> Yes <input type="radio"/> No
10. Is the organization a hospital, skilled nursing facility or diagnostic/treatment center?	<input type="radio"/> Yes <input type="radio"/> No
11. Is the organization a membership organization?	<input type="radio"/> Yes <input type="radio"/> No
11a. Does the organization solicit contributions only from its membership?	<input type="radio"/> Yes <input type="radio"/> No
12. Is the organization a volunteer firefighters or volunteer ambulance service organization?	<input type="radio"/> Yes <input type="radio"/> No
13. Is the organization a veterans' organization, volunteer firefighters, volunteer ambulance corps, or an auxiliary of such organization and is its fundraising performed only by its members without direct or indirect compensation?	<input type="radio"/> Yes <input type="radio"/> No
14. Is the organization a police department, sheriff's department or other government law enforcement agency?	<input type="radio"/> Yes <input type="radio"/> No
15. Is the organization a law enforcement support organization that only solicits contributions from its members?	<input type="radio"/> Yes <input type="radio"/> No
16. Is the organization a cemetery corporation subject to Article 15 of the NYS Not-for-Profit Corporation Law?	<input type="radio"/> Yes <input type="radio"/> No
17. Is the organization a PTA affiliated with an educational institution subject to the jurisdiction of the NYS Education Department?	<input type="radio"/> Yes <input type="radio"/> No
18. Is the organization incorporated under Article 43 of NYS Insurance Law?	<input type="radio"/> Yes <input type="radio"/> No
Based on initial and exemption review, the organization is required to register under: Executive Law 7-A	

Registration			
1. What type of organization is it? Other			
a. Does the organization have Federal tax exemption status? No Which status?		d. Was the organization ever denied tax exempt status? No	
b. Has the organization applied for tax exemption status? Yes When did it apply? 02/24/2022		e. Has the organization had its tax exempt status revoked? No When was it revoked?	
c. Organization's fiscal year end 12/31		f. When was the organization incorporated or formed? 01/27/2022 State in which incorporated or formed Virginia	
2. List all chapters, branches and affiliates of your organization (For additional rows, please use Appendix)			
Organization Name	Relationship	Mailing address (number and street, room/suite, City or town, state or country and zip+4)	
3. List all officers, directors, trustees, key persons/key employees (For additional rows, please use Appendix)			
Name	Title	Mailing address (number and street, room/suite, city or town, state or country and zip+4)	Email
Edward Blum	Director/Treasurer	11357 Nuckols Road, PMB 115, Glen Allen, Virginia, 23059, United States	kristina@donoharmmedicine.org
Stanley Goldfarb	Chairman	11357 Nuckols Road, PMB 115, Glen Allen, Virginia, 23059, United States	kristina@donoharmmedicine.org
Christie Herrera	Director/Secretary	11357 Nuckols Road, PMB 115, Glen Allen, Virginia, 23059, United States	kristina@donoharmmedicine.org
Kristina Rasmussen	Executive Director	11357 Nuckols Road, PMB 115, Glen Allen, Virginia, 23059, United States	kristina@donoharmmedicine.org
4. Other Names, Previous Names, and Registration Numbers			
a. Names/DBA/Assumed Names		c. Previous organization names	
b. Prior New York State charities registration numbers			

5. Describe the organization's charitable purposes

Do No Harm was organized for the purpose of educating and supporting doctors, healthcare professionals, medical students, patients, and members of the public who wish to protect a healthcare system that treats people equally and fairly.

6. Has the organization been prohibited by a government agency or court from soliciting contributions?

YesNo

7. Have any of the organization's officers, directors, trustees, key persons/key employees been prohibited by a government agency or court from soliciting contributions?

YesNo

8. Has the organization or its officers, directors, trustees, key persons/key employees been found in violation of any law in soliciting for a charity?

YesNo

9. Has the organization or its officers, directors, trustees, key persons/key employees ever entered into any agreement with any regulatory body regarding its conduct in connection with any fundraising activity or misappropriation or misuse of the organization's money or property?

YesNo

10. Has the organization's registration or license been suspended by a government agency?

YesNo

11. Does the organization solicit or plan to solicit contributions in New York State?

YesNo

Do No Harm was organized for the purpose of education and supporting doctors, healthcare professionals, medical students, patients and members of the public who wish to protect a healthcare system that treats people equally and fairly. Contributions will be used for conducting educational programs including dissemination resources and materials, for engaging in litigation and for other membership activities.

12. Has the organization engaged fundraising professionals for fundraising in New York State?

YesNo

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
	P F R <input type="checkbox"/> F R C <input type="checkbox"/>		Start date: End date:
	P F R <input type="checkbox"/> F R C <input type="checkbox"/>		Start date: End date:
	P F R <input type="checkbox"/> F R C <input type="checkbox"/>		Start date: End date:

13. Does the organization have a conflict of interest policy?

YesNo

14. Does the organization have a whistleblower policy?

YesNo

15. Attached organization's required documents:

☒ Certificate of incorporation, including amendments or other organizing document

☒ Bylaws or other organizing document

☒ Other organizing documents (if applicable)

Signatures

I certify under penalty for perjury that I reviewed this Registration Statement, including all schedules and attachments, and to the best of my knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this statement.

Role	First Name	Last Name	Title	Email Address
President or Authorized Officer/Trustee	Stanley	Goldfarb	Chairman	stanley@donoharmmedici ne.org
Chief Financial Officer or Treasurer	Kristina	Rasmussen	Executive Director/Acting CFO	kristina@donoharmmedici ne.org

**Signature of President or
Authorized Officer/Trustee**

DocuSigned by:



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4/4/2022

**Signature of Chief Financial
Officer or Treasurer**

DocuSigned by:



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4/4/2022

Appendix A - List all chapters, branches and affiliates of your organization		
Organization Name	Relationship	Mailing address

Appendix B - List all officers, directors, trustees, key persons/key employees			
Name	Title	Mailing address	Email

Appendix C - Names/DBA/Assumed Names		
Names/DBA/Assumed Names		

Appendix D - Previous Organization Name		
Previous organization Name		