New Jersey Office of the Attorney General
Division of Consumer Affairs
Office of Consumer Protection
Charities Registration Section
124 Halsey Street, 7th Floor, P.O. Box 45021
Newark, NJ 07101
(973) 504-6215

Form CRI-300R
Long-Form Renewal Registration/Verification Statement

(Revised April 2008)

All questions must be answered.

Pursuant to the New Jersey Charitable Registration and Investigation Act (also known as "the C.R.I. Act" (N.J.S.A. 45:17A-18 et seq.), and prior to operating or commencing solicitation activity in the State, a charitable organization unless exempted from registration requirements (or qualified to file a Short-Form Registration Statement, CRI-200) shall file a Long-Form Initial Registration Statement, CRI-150-I. Charities submitting their annual long-form renewal registration must use Form CRI-300R. Please see the checklist at the end of this form for a discussion of fees, financial statements, documents to be attached, and other requirements for registration.

1. This statement contains the facts and financial information for the fiscal year ending: _____/ _____/ _____
   month day year

2. Federal ID Number (EIN) _____ 2a. N.J. Charities Registration Number: CH- _____

3. **Full legal name of the registering organization**: _____
   In care of: (if necessary, otherwise leave this line blank) _____

4. **Mailing Address**: _____ ☐ **Change of Address**
   Street Address City State ZIP Code

NOTE: If " in care of," a postal, private or rural delivery mail box number is used, the street address of the charity must be given below.

5. The principal street address of the registering organization_____
   Street Address City State ZIP Code
   ☐ **Same as Mailing Address**

6. Does the organization have any offices in New Jersey in addition to the one listed above? ☐ Yes ☐ No
   If "Yes," attach a list giving the street address and telephone number of each office in New Jersey.

6a. If the street address listed above is not where the organization's official records are kept, or if the organization does not maintain an office in New Jersey, indicate the name, full address, phone and fax number of the person having custody of the of the organization's records, and to whom correspondence should be addressed.

_____
Contact person Street address City State ZIP Code

_____ _____
Telephone number (include area code) Fax number (include area code)

7. Organization's contact information:

_____ _____
Telephone number (include area code) Fax number (include area code)

_____ _____
E-mail address Web site

8. Type of organization (check one):

☐ Nonprofit corporation ☐ Foundation ☐ Individual ☐ Association ☐ Society
☐ Partnership ☐ Trust ☐ Other (Specify) _____

9. Where and when was the organization legally established? Date: _____ State: _____
As required by the C.R.I. Act (N.J.S.A. 45:17A-24c(1)), attach to this registration a copy of the organization's bylaws and instrument of organization (that is, the organization's charter, articles of incorporation or organization, agreement of association, instrument of trust, or constitution) only if the document has been issued or amended during the fiscal year being reported.

10. Does the organization solicit funds under any name or names other than as indicated on line 3 of this form? ☐ Yes ☐ No
If "Yes," indicate all of the other names used: _____

11. Does the organization intend to solicit contributions from the general public? ☐ Yes ☐ No

12. Is the organization authorized by any other state or jurisdiction to solicit contributions? ☐ Yes ☐ No
If "Yes," please provide a list of those states or jurisdictions, below or on a separate sheet of paper.
_____
_____

13. Does the organization have affiliates which share the contributions or other revenue it raised in New Jersey? ☐ Yes ☐ No
If "Yes," provide a separate listing of those affiliates indicating the name, street address and telephone number for each one.

14. What is the charitable purpose or purposes for which the organization was formed? If necessary, attach a separate statement to this registration.
_____
_____
_____
_____

14a. What are the specific programs and charitable purposes for which contributions are used? For each program, state whether it already exists or is planned. Only major program categories need be listed. If necessary, attach a separate statement to this registration.
_____
_____

15. Does the organization use an independent paid fund-raiser or fund-raising counsel? ☐ Yes ☐ No
If "Yes," please attach to this registration a list of paid fund-raiser(s) or fund-raising counsel(s), including their full address, telephone number, fax number, registration number in New Jersey, and a contact person's name.

15a. Does the independent paid fund-raiser or fund-raising counsel have custody, control or access to the organization's funds? ☐ Yes ☐ No
If "Yes," please describe the situation.
_____
_____

16. Has the organization permitted a charitable sales promotion to be conducted on its behalf by a commercial co-venturer during the fiscal year-end being reported? ☐ Yes ☐ No
If "Yes," please explain: _____
_____

17. Has the Internal Revenue Service (I.R.S.) determined that the organization is tax exempt under code 501(c)(3)? ☐ Yes ☐ No
a. If "No," has an application been filed which is still pending? If so, please attach a copy of the I.R.S. 1023 form filed. ☐ Yes ☐ No
b. Has a tax exemption been granted under another I.R.S. code? ☐ Yes ☐ No
If "Yes," advise which one: _____
c. Has an I.R.S. tax exemption been refused, changed or revoked? ☐ Yes ☐ No
If an exemption has been refused, changed or revoked, attach to this registration a copy of the I.R.S. determination letter of notification and provide a detailed explanation of the circumstances on a separate sheet of paper.

18. Has the organization ever had its authority to conduct charitable activities denied, suspended, or revoked in any jurisdiction or has the organization ever entered into any voluntary agreement of discontinuance with any governmental entity? ☐ Yes ☐ No
If "Yes," attach to this registration a copy of the denial, suspension, revocation or voluntary agreement of discontinuance. If the document does not explain the reasons for the denial, suspension or revocation, attach to this registration an explanation on a separate sheet of paper.

19. Has the organization voluntarily entered into an assurance of voluntary compliance or similar order or agreement (including, but not limited to, a settlement of an administrative investigation or proceeding, with or without an admission of liability) with any jurisdiction, state or federal agency or officer? ☐ Yes ☐ No
If "Yes," please attach to this registration the relevant document.

20. Has the organization or any of its present officers, directors, executive personnel or trustees ever been found to have engaged in unlawful practices in the solicitation of contributions or administration of charitable assets or been enjoined from soliciting contributions, or are such proceedings pending in this or any other jurisdiction? ☐ Yes ☐ No
If "Yes," attach to this registration photocopies of any and all written documentation (such as a court order, administrative order, judgment, formal notice, written assurance or other document) which show the final disposition of the matter.

21. Has the organization or any of its present officers, directors, trustees or principal salaried executive staff employees ever been convicted of any criminal offense committed in connection with the performance of activities regulated under this act or any criminal or civil offense involving untruthfulness or dishonesty or any criminal offense relating adversely to the registrant's fitness to perform activities regulated by this Act? A plea of guilty, non vult, nolo contendere or any similar disposition of alleged criminal activity shall be deemed a conviction. ☐ Yes ☐ No

22. Has the organization or any of its officers, directors, trustees or principal salaried executive staff employees been adjudged liable in any administrative or civil action involving theft, fraud, or deceptive business practices? For purposes of this question a judgment of liability in an administrative or civil action shall include, but is not limited to, any finding or admission that the individual engaged in an unlawful practice in relation to the solicitation of contributions or the administration of charitable assets. ☐ Yes ☐ No
If "Yes," identify the individual(s) below and attach to this registration a copy of any order, judgment or other documents indicating the final disposition of the matter.

_____

_____

23. Provide the following information for each officer, director, trustee and the five most-highly compensated executive staff employees:

Name	Business address	Telephone number (include area code)	Title	Salary

CRI-300R Long-Form Registration Renewal Financial Statement

Note: ***If the financial value of a line item = 0, place a zero in the space provided.***
Please report all figures as GROSS, not NET.

Full legal name and street address of the organization

Full legal name:_____

Fiscal year-end being reported: _____/_____/_____ Federal ID Number (EIN) _____
month day year

Mailing address:

_____
Mailing Address P.O. Box Number or Suite City State ZIP code

Street address of the registering organization: _____
Street Address City State ZIP Code

New Jersey Charities Registration number: CH _____ -00 Telephone number: _____
(include area code)

Attach to this registration the most recent Internal Revenue Service Form 990 and Schedule A (990), if the organization has filed those forms. Attach a copy if the organization's annual financial report included an audited financial statement, or if the organization received gross revenue in excess of $500,000. **Note:** If the organization received gross revenue of less than $500,000, the financial reports must be certified by the organization's president or other authorized officer of the organization's board.

☐ In lieu of completing the CRI-300R Financial Statement pages, attached please find a copy of the I.R.S. 990 filing for the fiscal year-end indicated above.

A. Receipts

Line A1a. Direct Public Support received from the following sources:

(1)	Direct mail …….....	_____
(2)	Telephone solicitation…….....	_____
(3)	Commercial co-venture…….....	_____
(4)	Gross receipts from fund-raising events……	_____
(5)	Canisters, counter cards, door to door etc…….	_____
(6)	Corporations and other businesses…….	_____
(7)	Foundations and trusts……...	_____
(8)	Donated land, buildings, property, equipment and materials…….	_____
(9)	Legacies and bequests……	_____
(10)	Membership dues solely resulting from solicitations…….....	_____
(11)	Other support (specify)…….....	_____

Line A1b. Total Direct Public Support (add lines A1a(1) through A1a(11) ..… _____

Line A1c. Indirect Public Support received from the following sources:

(1)	Federated fund-raising organization……..	_____
(2)	From an affiliated organization……..	_____
(3)	From another fund-raising organization…….....	_____

Line A1d. Total Indirect Public Support (add lines Alc(1) thru A1c(3))…..... _____

Line A1e. **Total Gross Contributions** (add lines A1b and A1d) ……...…… _____

Line A2. Government grants including purchase of service contracts (specify agency)

a. ……..... _____
b. ……..... _____
c. ……..... _____
d. ……..... _____

Line A2e. Total Government Grants (add lines 2a thru 2d)..……..... _____

Line A3. Other Support

a. Bona fide membership ……..... _____
b. Program service revenue……..... _____
c. Professional services rendered by volunteers……..... _____
d. Miscellaneous income (specify)……..... _____

Line A3e. Total Other Support (add the total of lines A3a thru A3d)…..….…..... _____

Line A4. **Total Gross Revenue** (add lines A1e, A2e and A3e) ……..... _____

B. Expenses

Line B1. Program expenses……..... _____
Line B2. Management and general expenses……..... _____
Line B3. Fund-raising expenses……..... _____
Line B4. Payments to state/national affiliates (if applicable)..... _____
Line B5. **Total Expenses** (add the totals of line B1 thru B4)…..…….…..... _____

C. Excess or Deficit

For the fiscal year-end (subtract line B5 from line A4)……..... _____

D. Fund Balance

Line D1. Net assets or fund balances at beginning of year……..... _____
Line D2. Other changes in net assets or fund balances (attach explanation)….. _____
Line D3. Net assets or fund balances at end of year (Combine line C, D1 and D2) ... _____

Please Note: The amount of Gross Contributions (line A1e on this form) determines the registration fee which must be paid and the form which should be used. July 2006 revisions to the Charities Registration Act now require all charities to pay a registration fee, including charities whose Gross Contributions are less than $10,000. Further information for charity registrants may be found on our Web site: http://www.njconsumeraffairs.gov/ocp/charities.htm.

Long-Form Renewal Registration Statement
Form CRI-300RC
Confidential Information

Organization's Name: _____

N.J. Charities Registration Number: CH -_____ -00 Federal ID Number (EIN) _____

Fiscal Year-End being reported: ____ / _____ / ____
month day year

24. Are any of the organization's officers, directors, trustees or the five most-highly compensated employees related by blood, marriage or adoption to:

a. each other? ☐ Yes ☐ No
b. any officers, agents or employees of any fund-raising counsel or independent paid fund-raiser under contract to the organization? ☐ Yes ☐ No
c. any chief executive, employee, any other employee of the organization with a direct financial interest in the transaction, or any partner, proprietor, director, officer, trustee, or to any shareholder of the organization with more than two (2) percent interest in any supplier or vendor providing goods or services to the organization? ☐ Yes ☐ No
d. If you answered "Yes," to questions 24a, b, or c, please provide a statement explaining these relationships.

25. Do any of the organization's officers, directors, trustees or the five most-highly compensated employees have a financial interest in any activities engaged in by a fund-raising counsel or independent paid fund-raiser under contract to the organization, or any supplier or vendor providing goods or services to the organization? ☐ Yes ☐ No
If "Yes," please detail these relationships below or on a separate sheet of paper, and provide the name, business address and telephone number of all interested parties.

We understand that this registration is being issued at the discretion of the Division of Consumer Affairs and agree that employees of the Division may inspect the records in the possession of this organization in order to ascertain compliance with the statute and all pertinent regulations. We also understand that we may be required to provide additional information if requested.

We hereby certify that the above information and the attached financial schedule(s) and statement(s) are true. We are aware that if any of the above statements are willfully false, we are subject to punishment.

Signature_____ Name_____ Title _____ Date _____

Signature_____ Name_____ Title _____ Date _____

This form must be signed by two (2) authorized officers of the organization, including the chief financial officer.

Note: Form CRI-300RC must be filed <u>with</u> Form CRI-300R.

Renewal registrants who are required to file the Long-Form Renewal Registration/Verification Statement CRI-300R/RC must submit the following:

(1) A fully completed Long-Form Renewal Statement CRI-300R along with the CRI-300R Financial Statement, the CRI-300RC Confidential Information Statement (with signatures), and all lists, statements and attachments as may be required by answers to the form's questions.

(2) All charity registrants in New Jersey must pay a registration fee based on gross contributions. Please visit our Web site at www.njconsumeraffairs.gov for a complete schedule of registration fees due. A check or money order for the registration fee due, made payable to the New Jersey Division of Consumer Affairs, must accompany the registration form. Cash or credit card payments cannot be accepted. Initial registrations must be submitted prior to soliciting in the State of New Jersey. Registrations must be renewed annually, and are due within six months of the fiscal year-end. Extensions of time to file cannot be granted on initial (first-time) registrations.

(3) Charity registrants with total gross revenue in excess of $500,000 annually are required to submit a certified audit (including any management letters) which has been prepared by a certified public accountant.

(4) Please write the organization's charities registration number on all checks, forms, and copies of documents submitted.

(5) If the charity was required by the Internal Revenue Service to file an IRS-990 form for the organization's fiscal year-end being reported, a copy, including Schedule A, must be submitted with the registration form.

(6) Photocopies of any orders, judgments, agreements or other documents which show the final disposition of any civil or criminal actions brought against the organization or its board members, must be marked with the related question number and the charities registration number.

(7) Only initial registrants must submit photocopies of the organization's bylaws, the certificate of incorporation and the I.R.S. determination letter. *However, copies of these documents must be resubmitted each time they are amended.*

(8) Mail the completed registration, enclosures and any attachments to the:

New Jersey Division of Consumer Affairs
Charities Registration & Investigation Section
P.O. Box 45021
Newark, NJ 07101

Should you have questions regarding charities registration in New Jersey, please visit our Web site at http://www.njconsumeraffairs.gov/ocp/charities.htm where registration information, instructions, forms and a fee schedule may be viewed and/or downloaded. After reading through all of the information on our Web site, if you have further questions, please contact the Charities Registration Section at our hotline number (973)-504-6215 during regular business hours.