



**State of New Jersey**  
 DEPARTMENT OF LAW & PUBLIC SAFETY  
 DIVISION OF CONSUMER AFFAIRS  
 OFFICE OF CONSUMER PROTECTION  
 CHARITABLE REGISTRATION & INVESTIGATION SECTION  
 124 HALSEY STREET, PO Box 45021  
 NEWARK, NJ 07101  
 (973) 504-6215

**Long Form Initial Registration Statement CRI-150I**

*To be completed by new charitable organizations for the purpose of initial registration with the State of New Jersey and charitable organizations not previously registered with this State, who are required by section 24 of the Charitable Registration and Investigation Act of 1994 (CRI Act) to use the Long Form Registration Statement.*

1. Organization Name: \_\_\_\_\_  
 Street address \_\_\_\_\_  
City State ZIP code  
 Fiscal Year Ending \_\_\_\_\_ Federal Employer \_\_\_\_\_  
(month/day/year) (Identification number)  
 Telephone number \_\_\_\_\_ Fax number \_\_\_\_\_  
(Include area code) (Include area code)

1. Does the organization have any offices in New Jersey in addition to the one listed above?  
 Yes  No If "Yes," attach a list indicating the address and telephone number of each office in New Jersey.
2. If the organization does not maintain an office in this State, indicate the name and address of the person in New Jersey who has custody of the organization's financial records.

Name \_\_\_\_\_  
 Street address \_\_\_\_\_  
City State ZIP code  
 Telephone number \_\_\_\_\_ Fax number \_\_\_\_\_  
(Include area code) (Include area code)

3. Where and when was the organization legally established? Date \_\_\_\_\_  
(month/day/year)  
 \_\_\_\_\_  
City State ZIP code

Attach, as required by CRI Act section 24, subsection C. paragraph (I), a copy of the organization's charter, articles of organization, agreement of association, instrument of trust, constitution or other organizational instrument and by-laws.

4. Form of organization (check one)

<input type="checkbox"/> Nonprofit corporation	<input type="checkbox"/> Foundation
<input type="checkbox"/> Individual	<input type="checkbox"/> Association
<input type="checkbox"/> Society	<input type="checkbox"/> Partnership
<input type="checkbox"/> Trust	<input type="checkbox"/> Other (Specify)

5. Has the Internal Revenue Service (IRS) determined that the organization is tax-exempt?  Yes  No

a. If "Yes," attach a copy of the Federal Tax Exemption determination letter received from the IRS.

b. If "No," is an application to the IRS pending?  Yes  No

c. If "No," has an exemption been refused?  Yes  No

changed?  Yes  No

revoked?  Yes  No

If an exemption has been refused, changed, or revoked, attach a copy of the determination letter involved and provide a detailed explanation.

6. What is the charitable purpose or purposes for which the organization was formed?

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7. What are the specific programs and charitable purposes for which contributions are used? For each program, state whether it is in existence or planned. Only major program categories need be listed. Attach separate sheets if needed.

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8. Does the organization solicit contributions from the general public?  Yes  No

9. Does the organization solicit funds under any name or names other than the one listed at the top of this form?  Yes  No If "Yes," indicate the other name or names. \_\_\_\_\_

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10a. Does the organization use an independent paid fund raiser or fund-raising counsel as defined in section 20 of the CRI Act?  Yes  No If "No," go to question 11. If "Yes," complete 10b.

10b. Does the independent paid fund raiser or fund-raising counsel have custody, control or access to the organization's money?  Yes  No

10c. For each independent paid fund raiser or fund-raising counsel indicate: (Attach a separate sheet if more than one.)

Name \_\_\_\_\_

Street address \_\_\_\_\_

*City*

*State*

*ZIP code*

New Jersey Registration number \_\_\_\_\_

11. Has the organization permitted a charitable sales promotion as defined in section 20 of the CRI Act to be conducted on its behalf by a commercial co-venturer, as defined in section 20 of the CRI Act?

Yes  No If "Yes," attach a copy of each financial report to the financial statement that is part of this form.



# Long Form Registration Statement CRI-150I Financial Statement

*Please supply financial information below according to enclosed instructions for completing Long Form Initial Registration Statement CRI-150I.*

Full official name and address of organization

Name \_\_\_\_\_

Street address \_\_\_\_\_  
City State ZIP code

Financial Report For Fiscal Year Ending \_\_\_\_\_  
(month/day/year)

Telephone number \_\_\_\_\_  
(Include area code)

Total  
Amount

A. Receipts

Line 1. Contributions

Line 1a. Direct Public Support

- |   |       |
|---|-------|
| 1) Direct Mail .....  | _____ |
| 2) Telephone Solicitation Campaign .....  | _____ |
| 3) Telethon .....   | _____ |
| 4) Commercial co-venturers .....  | _____ |
| 5a) Gross receipts from fund-raising events<br>(own behalf) .....                               | _____ |
| 5b) Gross receipts from fund- raisers/bonded fund-raising<br>counsel/fund-raising counsel)..... | _____ |
| 6) Canisters, counter cards, door to door etc. ....   | _____ |
| 7) Corporations and other businesses .....  | _____ |
| 8) Foundations and Trusts .....   | _____ |
| 9) Donated land, buildings, property, equipment,<br>and materials .....                         | _____ |
| 10) Legacies and Bequests.....  | _____ |
| 11) Membership dues solely resulting from solicitations .....                                   | _____ |
| 12) Other (Specify) _____   | _____ |
| 13) Total Direct Public Support<br>add lines 1a1 thru 1a12 .....                                | _____ |

Line 1b. Indirect Public Support

- |   |       |
|---|-------|
| 1) Federated fund-raising organizations .....                   | _____ |
| 2) From affiliated organizations .....                          | _____ |
| 3) From other fund-raising organizations .....                  | _____ |
| 4) Total Indirect Public Support (add lines 1b1 thru 1b3) ..... | _____ |

Total  
Amount

Line 1c. Gross Contributions (add lines 1a13 and 1b4)

**The total on this line is  
used to determine the proper  
registration fee. See General  
Information 5. ....**

.....

\_\_\_\_\_

Line 2. Government Grants including  
purchase of service contracts  
(specify agency).

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

d. \_\_\_\_\_

e. Total Government Grants (add line 2a through 2d) .....

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Line 3. Other Support

a. Bona fide Membership Dues .....

b. Program Service Revenue .....

c. Professional services rendered by volunteers .....

d. Miscellaneous Income .....

e. Total Other Support (add lines 3a thru 3d) .....

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Line 4 Total Gross Revenue

(add lines 1c, 2e, and 3e) .....

\_\_\_\_\_

**The total on this line is used to deter-  
mine the proper financial report. See  
General Information 6 and 7.**

**B. Expenses**

Line 1. Program .....

\_\_\_\_\_

Line 1a. Joint Costs in Program Total .....

\_\_\_\_\_

Line 2. Management and General .....

\_\_\_\_\_

Line 2a. Joint Costs in Mgmt. & General .....

\_\_\_\_\_

Line 3. Fund raising .....

\_\_\_\_\_

Line 3a. Fund raising (in house) .....

\_\_\_\_\_

Line 3b. Fund raising (Independent Paid Fund Raisers and/or  
Bonded Fund-Raising Counsels) .....

\_\_\_\_\_

Line 3c. Fund raising (Fund-Raising Counsels) .....

\_\_\_\_\_

Total  
Amount

Line 3d. Total Fundraising  
(add lines B3a and B3b.) ..... \_\_\_\_\_

Line 3e. Joint Costs in Fund raising ..... \_\_\_\_\_

Line 4. Total Expenses (add lines B1, B2, and B3c) ..... \_\_\_\_\_

Line 4a. Total Joint Costs (add lines B1a., 2a, and B3d) ..... \_\_\_\_\_

C. Excess or deficit for the year ended \_\_\_\_\_  
Subtract Line B4 from Line A4 ..... \_\_\_\_\_

D. Fund Balance

Line D1. Fund Balance at beginning of the year ..... \_\_\_\_\_

Line D2. Other Changes in Fund Balance ..... \_\_\_\_\_

Line D3. Fund Balance at the end of the year (add lines C, D1, and D2) ..... \_\_\_\_\_



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**Checklist**

\_\_\_\_\_ \$60      \_\_\_\_\_ \$150      \_\_\_\_\_ \$250 Registration Fee (check one)

- \_\_\_\_\_ Signed Long Form Initial Registration Statement (CRI-I50I)
- \_\_\_\_\_ IRS Form 990EZ or 990 and Schedule A
- \_\_\_\_\_ Financial Statements certified by organization (gross contributions less than \$100,000)
- \_\_\_\_\_ Financial Statements Audited by Independent Certified Public Accountant  
(Gross contributions \$100,000 or greater)
- \_\_\_\_\_ Attachments (if necessary list them)
- \_\_\_\_\_ Long Form Initial Registration Statement-CRI 150 IC (Confidential Information)

We understand that this registration will be accepted only if the requirements of the CRI Act are met. We agree to cooperate fully with any request by the Attorney General or the Division of Consumer Affairs to inspect the records of this organization in order to ascertain compliance with the statute and all pertinent regulations. We hereby certify that the above statements are true. We are aware that if any of the above statements are willfully false, we are subject to punishment.

\_\_\_\_\_  
Signature, Title and Date

\_\_\_\_\_  
Signature, Title and Date

\_\_\_\_\_  
Type or Print

\_\_\_\_\_  
Type or Print

**To be signed by two authorized officers of the organization, including the chief fiscal officer.**

After this report has been fully executed by two authorized officers, including the chief fiscal officer, send it to: New Jersey Division of Consumer Affairs, Charities Registration & Investigation Section, P.O. Box 45021, Newark, New Jersey 07101.