



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) 504-6262

Short Form Registration/Verification Statement CRI-200

All questions must be completed.

Initial Registration Renewal Registration (Check one only)

For Fiscal year ending _____
Month *Day* *Year*

1. Name: _____

Address _____
City *State* *ZIP Code*

CH _____ Telephone number _____
New Jersey Charities Registration number *(Include area code)*

Internet Address _____ FAX number _____
(Include area code)

2. Purpose for which the organization was created? _____

3. The organization is a Short Form Registrant because:

- a) Did not receive gross contributions in excess of \$25,000 in the preceding fiscal year, AND all of the organization's functions, including fund raising, are conducted by volunteers, members, officers or persons who are not compensated for soliciting contributions. Yes No
- b) Is a fraternal, patriotic, social or alumni organization, historical society or similar organization organized under the provisions of Title 15 of the New Jersey Revised Statutes or Title 15A of the New Jersey Statutes, AND solicitation of contributions is confined to the organization's membership and performed by members of the organization. Yes No
- c) All contributions are solicited on behalf of a specified individual, and all contributions, without any deductions whatsoever, will be turned over to this beneficiary. Yes No
- d) The organization is a local post, camp, chapter or similarly designated element or county unit, of a bona fide veterans' organization which issues charters to the local elements throughout New Jersey or to any veterans' organization chartered under federal law or a service foundation of such an organization recognized in the organization's by-laws. Yes No
- e) Is a private foundation that raised less than \$25,000 in public contributions. Yes No

4. Does the organization register or solicit in other states? Yes No

If "YES," list them: _____

5. Does the organization solicit funds under another name(s)? Yes No

If "YES," list them: _____

6. Has the IRS determined that your organization is tax exempt? Yes No

If "YES," under what section of the code? _____

7. Has the organization used an independent paid fund raiser, fund raising counsel, commercial co-venturer?

Yes No For what purpose(s) are funds being raised?

8. Has the board of directors changed since last year? Yes No

If "YES," attach an updated list.

9. Has the charitable organization had its authority to conduct charitable activities denied, revoked, or suspended in any jurisdiction or has the organization ever entered into any voluntary agreement or discontinuance with any governmental entity? Yes No

Please explain: _____

10. If the organization is a private foundation, does the foundation solicit contributions?

If "YES," attach an explanation. Yes No

Your organization may be required to provide additional information. Organizations are required to complete the Short Form Financial Statement (attached). Initial registrants must provide a copy of their bylaws, articles of incorporation and IRS determination letter.

We understand that this registration is being issued at the discretion of the Division of Consumer Affairs and agree that employees of Consumer Affairs may inspect the records in the possession 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

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

If there is only one authorized officer, please check here.

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, Charitable Registration and Investigation, P.O. Box 45021, Newark, NJ 07101. You can reach us by telephone at (973) 504 - 6215 or by e-mail at: AskConsumerAffairs@oag.lps.state.nj.us

Short Form Registration Statement - CRI-200 Financial Statement

Please supply financial information below.

Full official name and address of organization	Financial Report For fiscal year ending			
<i>Organization Name</i>	<i>month/day/year</i>			
<i>Address</i>	CH			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;"><i>City</i></td> <td style="width: 33%; text-align: center;"><i>State</i></td> <td style="width: 33%; text-align: center;"><i>ZIP Code</i></td> </tr> </table>	<i>City</i>	<i>State</i>	<i>ZIP Code</i>	<i>New Jersey Charities Registration Number</i>
<i>City</i>	<i>State</i>	<i>ZIP Code</i>		

	Total Amount
A. Receipts	
Line 1. Contributions	
a. Direct Public Support	
b. Indirect Public Support	
c. Gross Contributions (add lines 1a & 1b)	
Line 2. Government Grants	
Line 3. Other Support (specify) _____	
Line 4. Total (add lines 1c, 2 and 3)	
B. Expenses for	
Line 1. Program	
Line 2. Management & General	
Line 3. Fund Raising	
Line 4. Payment to Affiliates	
Line 5. Total (add lines B1, 2, 3 and 4)	
C. Excess or deficit for the year ending _____ Subtract Line B5 from Line A4	

Attach IRS Form EZ or 990 and Schedule A (if required by the IRS).

If your total contributions are more than \$10,000, please send a check or money order in the amount of \$30. There is no filing fee for organizations who raise less than \$10,000.