



**New Jersey Office of the Attorney General**

Division of Consumer Affairs  
Office of Consumer Protection  
Charities Registration Section  
124 Halsey Street, 7<sup>th</sup> Floor, P.O. Box 45021  
Newark, NJ 07101  
(973) 504-6215

**Form CRI-150-I**  
**Long-Form Initial Registration/Verification Statement**  
(Revised April 2008)

**All questions must be answered.**

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- \_\_\_\_\_  
(leave blank)

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 \_\_\_\_\_  
 **Same as Mailing Address** Street Address City State ZIP Code

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).

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 "Yes," attach a photocopy of the Federal Tax Exemption determination letter issued by the I.R.S.  
b. Has a tax exemption been granted under another I.R.S. code?  Yes  No  
If "Yes," advise which one: 501 (c) ( ) and attach a photocopy of the Federal Tax Exemption determination letter issued by the I.R.S.  
c. 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  
d. Also, if "No," 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.

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

Name	Business address	Telephone number	Relationship	Salary

# CRI- 150-I Long-Form Registration Initial 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.*

<b>Full legal name and street address of the organization</b>				
Full legal name: _____				
Fiscal year-end being reported: _____ / _____ / _____ <small>month      day      year</small>			Federal ID Number (EIN) _____	
Mailing address:				
<small>Mailing Address</small>	<small>P.O. Box Number or Suite</small>	<small>City</small>	<small>State</small>	<small>ZIP code</small>
Street address of the registering organization: _____				
<small>Street Address</small>		<small>City</small>	<small>State</small>	<small>ZIP Code</small>
New Jersey Charities Registration number: CH _____ -00		Telephone number: _____ <small>(include area code)</small>		

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 \$250,000. **Note:** If the organization received gross revenue of less than \$250,000, 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-150-I 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 A1c(1) thru A1c(3))..... \_\_\_\_\_

**Line A1e. Total Gross Contributions** (add lines A1b and A1d) ..... \_\_\_\_\_

**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>.

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 states and 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 the year (Combine lines C, D1 and D2)..

**Long-Form Initial Registration Statement  
Form CRI-150-IC  
Confidential Information**

Organization's Name: _____			
N.J. Charities Registration Number: CH - _____ -00	Federal ID Number (EIN) _____		
<small>(leave blank)</small>			
Fiscal Year-End being reported: _____ / _____ / _____	Telephone number: _____		
<small>month      day      year</small>	<small>(include area code)</small>		

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.

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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.

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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.*

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**Note: Form CRI-150-IC must be filed with Form CRI-150-I.**

**Initial registrants who are required to file the  
Long-Form Initial Registration/Verification Statement CRI-150-I/IC  
must submit the following:**

- (1) A fully completed Long-Form Initial Registration Statement CRI-150-I submitted with the CRI-150-I Financial Statement, the CRI-150-IC 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](http://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 \$250,000 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.*