CHR Ren Rev 11/17/15 Web Form

STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION
Public Charities
165 Capitol Avenue
Hartford, CT 06106
Email: dcp.publiccharities@ct.gov

For Official Use Only

Charitable Organization Renewal Notice

Do not use this form to reinstate a registration.

To Renew by Mail: **Complete this renewal notice and attach the following:**

- **IRS Form 990, 990EZ, 990N or 990PF due for this renewal period. (**Required**)**
- A current Audit Report is required **if the** IRS Form 990 reported more than $500,000 in gross revenue.
- A **fee of $50.00** must accompany this notice. Checks should be made payable to *"Treasurer, State of CT."* Add an additional $25.00 for each month the renewal notice is received after the expiration date.
- Make any necessary address or email changes on this form and return this signed renewal notice and applicable attachments with the fee to the above address. **Do not submit incomplete or a partial renewal.**
- ***Reinstatement will be required 65 days after an expiration date. Do not use this form to reinstate a registration. Reinstatement form is available online at www.ct.gov/dcp.***

If Not Renewing:

- ☐ **Check here**, if the organization is no longer soliciting in Connecticut or has dissolved along with effective _____date. You must provide the last IRS 990 in which solicitations were conducted (even if dissolved). If dissolved a copy of dissolution. Please be sure to check box and provide effective date. **If not renewing,** this notice along with any applicable documents can be emailed or mailed to the address above.

Registration Number

Public Charity Registration Number to be Renewed	Expiration Date of Registration

Organization Information

Name of Charitable Organization				
Street Address		City	State	Zip Code
FEIN	Fiscal Year End	Email Address		
Mailing Address (if different than above)				
Name				
Street Address		City	State	Zip Code

Certification

Two persons authorized by the organization must sign this renewal notice. By signing this renewal notice, the two authorized officers of the organization certify that the statements and documentation are true and correct to the best of their knowledge.

Signature	Printed Name	Date
Signature	Printed Name	Date