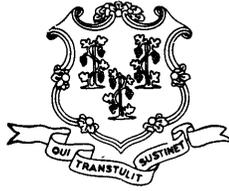


STATE OF CONNECTICUT
 DEPARTMENT OF CONSUMER PROTECTION
 450 Columbus Blvd, Ste. 801
 Hartford, CT 06103
 Email: dcp.publiccharities@ct.gov



For Official Use Only

Charitable Organization Renewal Notice

To Be Eligible For Renewal Financials Must Be Current:

- 1) The current year's IRS 990 report must be completed and filed with the IRS
- 2) Charitable organizations with gross revenues exceeding \$500,000.00 as indicated on the current year's 990, must have an audit report completed by a certified public accountant

Charitable organizations **must** retain financials for 3 years.

Copies of IRS 990 report will no longer need to be provided to the Department of Consumer Protection, unless audited.

To Renew Online:

- Visit www.ct.gov/dcp and select "Renew a License". This link will provide information on how to renew online.

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

- A non-refundable fee of \$50.00.
- Add an additional \$25.00 for each month the renewal notice is received after the expiration date.
- Checks must be made payable to "Treasurer, State of CT."
- Make address or email changes on this form.

*Do Not Use This Form To Reinstate A Registration That Has Been Expired More Than 6 Months.
 A reinstatement form can be downloaded from our website at www.ct.gov/dcp*

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 *Notifications and certificates are emailed only*	

Renewal Questions: Answer each of the mandatory questions below.

1. Did your organization file the current year's IRS 990, 990 EZ, 990N, 990PF with the IRS? Yes No
 If no, you cannot renew.
2. Did your IRS 990 have gross revenues in excess of \$500,000.00? Yes No
 If yes, enclose a copy of your independent audit report.

Certification

One authorized person from the organization **must** sign this renewal notice and attestation on behalf of the organization.

I hereby certify under penalty of false statement that I am authorized to sign this document for the organization and that the information provided is true and complete to the best of my knowledge.

 Signature Printed Name Date