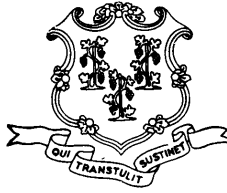


**STATE OF CONNECTICUT  
DEPARTMENT OF CONSUMER PROTECTION**

Public Charities

450 Columbus Blvd, Ste. 801

Hartford, CT 06103

Email: [dcp.publiccharities@ct.gov](mailto:dcp.publiccharities@ct.gov)

## Charitable Organization Renewal Notice

*Do not use this form to reinstate a registration.*

**NEW:** CT now only requires one signature and no longer requires the filing of financials with the Department of Consumer Protection. **Do not** include financials with the submission of this renewal.

**Financials means:**

- ❖ 990 filed with the IRS
- ❖ Independent audit, if gross revenues exceed \$500,000.00

- You **cannot** submit this renewal form, if your organization has not filed or completed the current year's IRS 990 (and audit, if applicable).
- Charitable organizations **must** retain financials for 3 years in the event you are selected for audit.

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

- **Do not** include the financials with the submission of this renewal.
- A **non-refundable 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 with fee to the above address. **Do not submit incomplete or a partial renewal without accompanying fee.**
- **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](http://www.ct.gov/dcp).**

**If Not Renewing:**

- ☐ **Check here**, if the organization is no longer soliciting in Connecticut or has dissolved along with an effective date \_\_\_\_\_.
- Return this notice with your last IRS 990 in which solicitations were conducted.

**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 *Notifications and certificates are emailed only*	
Mailing Address (if different than above)			
Name			
Street Address		City	State      Zip Code

**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 organization completed and filed its current fiscal year's end financials with the IRS, and that the information provided is true and complete to the best of my knowledge.*

Signature

Printed Name

Date

**\*\*State law requires one signature\*\***