



State of Connecticut  
Department of Consumer Protection  
Public Charities 165 Capitol Avenue  
Hartford, CT 06106-1630  
Email: [dcp.publiccharities@ct.gov](mailto:dcp.publiccharities@ct.gov)

### **Connecticut Charitable Organization Reinstatement Notice**

**Only use this form if reinstating more than 65 days after expiration date**

**Check one box below:**

☐ If organization has **NOT** been soliciting in Connecticut. You will need to submit the following:

- IRS Form 990, 990EZ, 990N or 990PF for **the most current year filing 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."* **(No late fees required, only \$50.00 registration)**
- Make any necessary address or email changes on this form and return this signed reinstatement notice and applicable attachments with the fee to the above address.

☐ If organization has **been soliciting** in Connecticut. You will need to submit the following:

- IRS Form(s) 990, 990EZ, 990N or 990PF for **the all the year(s) in which solicitations were conducted. (\*\*Required\*\*)**
- All Audit Reports **if the** IRS Form 990 reported more than \$500,000 in gross revenue for all the years being provided.
- 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 full month this notice is late after the last expiration date. **(Late fee is required)**
- Make any necessary address or email changes on this form and return this signed reinstatement notice and applicable attachments with the fee to the above address.

**Check an answer for each of the two questions below: (Do Not Skip this section)**

1. Has any government agency taken any action against your organization, including, but not limited to: (a) revocation of any registration or license, (b) imposition of any fine or payment of any forfeiture, or (c) issued any warning or notice? ☐ No ☐ Yes. **If yes, circle each action (a, b or c) as it applies and attach an explanation with the submission of this reinstatement notice.**
2. Has there been any change in your tax exempt status in the past 18 months or has the IRS issued you any warnings? ☐ No ☐ Yes. **If yes, attach an explanation with the submission of this reinstatement notice.**  
☐ Do Not hold tax exempt status, does not apply.

#### **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 reinstatement notice, we certify under penalty of perjury that all statements and documents being provided are true and correct to the best of our knowledge.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date