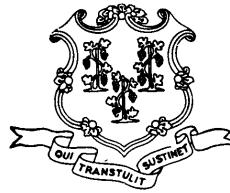


**STATE OF CONNECTICUT**  
**DEPARTMENT OF CONSUMER PROTECTION**  
 Public Charities  
 450 Columbus Blvd, Ste. 801  
 Hartford, CT 06103  
 Email: [dcp.publiccharities@ct.gov](mailto:dcp.publiccharities@ct.gov)



## Charitable Organization Renewal Notice

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

**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. Reinstate 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 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 *Notifications and certificates are emailed only*	
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