State of Connecticut
Department of Consumer
450 Columbus Blvd, Ste. 801
Hartford, CT 06103-1630
Email: 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's filing period. (**Required**)**
- A current Audit Report is required **if the** IRS Form 990 reported more than $500,000 in gross revenue.
- A **non-refundable 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 **all the year(s) since the last expiration date in which solicitations were conducted. (**Required**) Do not submit 990's that were provided during active years.** All Audit Reports **if the** IRS Form 990 reported more than $500,000 in gross revenue for all the years being provided.
- 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 full month this notice is late after the last expiration date, with a maximum late fee of $300.00. ***(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.

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

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 financials with the IRS, and that the attached documents and information provided is true and complete to the best of my knowledge.

Signature _____ Printed Name _____ Date _____

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