COMMITTEE ON NATURAL RESOURCES Disclosure Form

As required by and provided for in House Rule XI, clause 2(g) and the Rules of the Committee on Natural Resources

[Insert title and date of hearing]

For Individuals:
1. Name: Judith C. Young
2. Address: 30 ERASER ROAD MOORESTOWN NJ 08057
3. Email Address:
4. Phone Number:
. ************************************
For Witnesses Representing Organizations:
1. Name: Judith C. Young
2. Name of Organization(s) You are Representing at the Hearing:
Gold STAR mothers National Monument Foundation, Inc
3. Business Address: 30 ERASER Rd. MOORESTOWN NJ 08057
4. Business Email Address:
SAME
5. Business Phone Number:
CAM C

a. Any training or educational certificates, diplomas or degrees or other educational experiences that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing.

NO

b. Any professional licenses, certifications, or affiliations held that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing.

Past National President American Gold STAR Mothers Inc

c. Any employment, occupation, ownership in a firm or business, or work-related experiences that relate to your qualifications to testify on or knowledge of the subject matter of the hearing.

NO

d. Any federal grants or contracts (including subgrants or subcontracts) from the <u>Department of the Interior</u> (<u>and /or other agencies invited</u>) that you have received in the current year and previous four years, including the source and the amount of each grant or contract.

NO

e. A list of all lawsuits or petitions filed by you against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed.

None

f. Any other information you wish to convey that might aid the Members of the Committee to better understand the context of your testimony.

None

Name/Organization	CSMN	m Foo	
Title/Date of Hearing	///3		-5468/240/240/240/240/240/240/240/240/240/240

In addition, for witnesses representing organizations:

g. Any offices, elected positions, or representational capacity held in the organization(s) on whose behalf you are testifying.

Chareman

h. Any federal grants or contracts (including subgrants or subcontracts) from the <u>Department of the Interior</u> (and for other agencies invited) that were received in the current year and previous four years by the organization(s) you represent at this hearing, including the source and amount of each grant or contract for each of the organization(s).

NONE

i. A list of all lawsuits or petitions filed by the organization(s) you represent at the hearing against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed for each of the organization(s).

Wone

j. A list of any countries from which the organization(s) you represent at the hearing have received foreign donations and the total amount of donations received from each country, for the current year and the previous four years, by each organization.

NONE

k. For tax-exempt organizations and non-profit organizations, copies of the three most recent public IRS Form 990s (including Form 990-PF, Form 990-N, and Form 990-EZ) for each of the organization(s) you represent at the hearing (not including any contributor names and addresses or any information withheld from public inspection by the Secretary of the Treasury under 26 U.S.C. 6104)).

AMACHED

Form **990-EZ**

_epartment of the Treasury Internal Revenue Service

Short Form

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities,
and certain controlling organizations as defined in section 512(b)(13) must file
Form 990 (see instructions). All other organizations with gross receipts less than \$200,000
and total assets less than \$500,000 at the end of the year may use this form.

The organization may have to use a copy of this return to satisfy state renorting requirements

► The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-1150

2010

Open to Public Inspection

A	For	the 2010 calendar year, or tay year beginning , 2010, and ending		
В	Chec	ck if applicable: C GOLD STAR MOTHERS	D Employe	er identification number
_	7	ess change (C) NATIONAL MONUMENT ENT		.192851
V	4	le change Fine the Markey National FOUNDATION	E Telephor	
	7	30 Craser Koad		
F	₹	inated F Moorestown, New Jersey 08057		
	4	ication pending	F Group	Exemption Processing P
G	Acc	counting Method: X Cash		the organization is not
ł		bsite: Www.gsmmonument.org require	ed to attac	h Schedule R (Form
J	Tax-	exempt status (ck only one) — X 501(c)(3) 501(c)() ◀ (insert no.) 4947(a)(1) or 527 990, 9	90-EZ, or	990-PF).
K		eck if the organization is not a section 509(a)(3) supporting organization and its gross receipts a	re normali	v not more than
	\$50	,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (a-nostcard) may be requi	red (see in	nstructions). But if the
	orga	anzation chooses to the a return, be sure to the a complete return.		,
L	Add	l lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or ets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ.	if total	
D,	rf I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the ins	> §	\$ 45,040.
		Check if the organization used Schedule O to respond to any question in this Part I.	struction:	s ior Part I.)
	1	Contributions, gifts, grants, and similar amounts received	·····	
	2	Program service revenue including government fees and contracts.		33,924.
	3	Membership dues and assessments.	2	
	4	Investment income	3	
	1		4	46.
		b Less: cost or other basis and sales expenses. 5b c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a).		
	6	Gaming and fundraising events	5 c	
3	1		-	
YE V E N U		F 0		
Ñ		from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum		
E		of such gross income and contributions exceeds \$15,000)	70	
	(c Less: direct expenses from gaming and fundraising events 6c 2, 6		
	l	d Net income or (loss) from gaming and fundraising events (add lines 65 and		
		bb and subtract line bc)	6d	8,390.
	7 a	a Gross sales of inventory, less returns and allowances		
		b Less: cost of goods sold		
	(Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7с	
	8	Other revenue (describe in Schedule O)		
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8.	▶ 9	42,360.
	10	Grants and similar amounts paid (list in Schedule O).	10	
_	11	Benefits paid to or for members		
X	12	Salaries, other compensation, and employee benefits	12	
E	13	Professional fees and other payments to independent contractors	13	2,097.
EXPEXSES	14	Occupancy, rent, utilities, and maintenance	14	
S	15	Printing, publications, postage, and shipping	15	862.
	16	Other expenses (describe in Schedule O)	16	506.
	17	Total expenses. Add lines 10 through 16	▶ 17	3,465.
-	18	Excess or (deficit) for the year (Subtract line 17 from line 9).	18	38,895.
N S	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-	vear	
E S		ligure reported on prior year's return)	19	0.
A S S E T S	20	Other changes in net assets or fund balances (explain in Schedule O) See Schedule . O	20	82,321.
1	21	Net assets or fund balances at end of year. Combine lines 18 through 20.	▶ 21	121,216.

	Check if the organization used Sch	structions for mart II.) medule 0 to respond to any di	lestion in this Part II			
			1 /	A) Posinning of use	ar T	(B) End of year
22	Cash, savings, and investments			7 - 3 9 0 . 7 0 0	22	121,216.
23	Land and buildings				23	
24	Other assets (describe in Schedule O))	***************************************	24	The state of the s
25	Total assets			0.		121,216.
26	Total liabilities (describe in Schedule O))	0.		0.
27	Total liabilities (describe in Schedule O Net assets or fund balances (line 27 of	column (B) must agree with	line 21)	0.	. 27	121,216.
Par	t III Statement of Program Ser	vice Accomplishments	(see the instrs for Pari	t III.)		Expenses
What i	Check if the organization used So is the organization's primary exempt purpose? Servibe what was achieved in carrying out the ribe the services provided, the number of am title.	chedule 0 to respond to any e Schedule 0 ne organization's exempt purple of the constant of th	question in this Part III	oncise manner, for each	501 (c orgar 4947 (uired for section (3) and 501(c)(4) (a)(1) trusts; optional hers.)
29	(Grants \$) If th	is amount includes foreign g	rants, check here	—————————————————————————————————————	28 a	3,016.
30	(Grants \$) If th	is amount includes foreign g	rants, check here		29 a	
	(Grants \$) If th	is amount includes foreign gr	rants, check here		30 a	
31	Other program services (describe in Sch	edule O)				
	(Grants \$) If th	is amount includes foreign gr	rants, check here		31 a	
32	Total program service expenses (add lin	nes 28a through 31a)			32	3,016.
Par	List of Officers, Directors,	Trustees, and Key Emp	ployees. List each one e	ven if not compensated.	(see th	e instructions for Part IV.)
	Check if the organization used So	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0)	(d) Contributions t	o and	(e) Expense account and other allowances
JUD	ITH YOUNG	CHAIRMAN	0.	ueien eu compensau	0.	0.
	1-A CONNECTICUT AVE NW #3	43 20.00			0.	0.
	HINGTON, DC 20008	20.00				
	N HANBERRY	BOARD MEMBER	0.		0.	0.
440	1-A CONNECTICUT AVE. NW #	34 1.00	0.		0.	0.
	HINGTON, DC 20008					
	Y MILLER	SECRETARY	0.		0.	0.
440	1-A CONNECTICUT AVE. NW #	34 1.00	0.		0.	0.
	HINGTON, DC 20008	2.00				
AND 440	REW CHERNACK 1-A CONNECTICUT AVE. NW #	BOARD MEMBER 34 1.00	0.		0.	0.
	HINGTON, DC 20008 . WARD NICKISCH, (USA, RE	T) CO CITATRACE				
440	. WARD NICKISCH, (USA, RE) 1-A CONNECTICUT AVE. NW # HINGTON, DC 20008	F) CO-CHAIRMAN 34 1.00	0.		0.	0.
		The state of the s				
		7				
					\dashv	
					\dashv	
					-	

	a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	. 34	1	X
35	explain in Schedule O why the organization did not report the income on Form 990-T.		-575	7
	a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35 a		Х
	b If 'Yes,' has it filed a tax return on Form 990-T for this year (see instructions)?	35 b		
	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	. 36		Х
37	a Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 37a 0.		1.0	
	b Did the organization file Form 1120-POL for this year?	37b		Х
38	a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?			Х
	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
	a Initiation fees and capital contributions included on line 9		1	
	b Gross receipts, included on line 9, for public use of club facilities			
	a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	<u>`</u>		
	section 4911 ► 0.; section 4912 ► 0.; section 4955 ► 0.	-		
	b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I.	40 b		X
	c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶			
	d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization.			
41	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T. List the states with which a copy of this return is filed ► None	40 e		Χ
42 :	a The organization's books are in care of ► JUDITH C. YOUNG Located at ► 30 ERASER ROAD MOORESTOWN NJ ZIP + 4 ► 08057			
	books are in care of JUDITH C. YOUNG Located at 30 ERASER ROAD MOORESTOWN NJ ZIP + 4 08057 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No X
C and	books are in care of ► JUDITH C. YOUNG Located at ► 30 ERASER ROAD MOORESTOWN NJ Telephone no. ► ZIP + 4 ► 08057		Yes	
43	books are in care of JUDITH C. YOUNG Located at 30 ERASER ROAD MOORESTOWN NJ ZIP + 4 08057 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts. C At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year. All a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.	42b 42c		X N/A N/A No X
43 44 a	books are in care of JUDITH C. YOUNG Located at 30 ERASER ROAD MOORESTOWN NJ DATE Telephone no. Located at 30 ERASER ROAD MOORESTOWN NJ DATE TO SET	42b		X N/A N/A NO X X
43 44 a k	books are in care of JUDITH C. YOUNG Located at 30 ERASER ROAD MOORESTOWN NJ ZIP + 4 08057 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here. and enter the amount of tax-exempt interest received or accrued during the tax year. A Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. c Did the organization receive any payments for indoor tanning services during the year?.	42b 42c		X N/A N/A No X
43 44 a k	books are in care of JUDITH C. YOUNG Located at 30 ERASER ROAD MOORESTOWN NJ ZIP + 4 > 08057 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country:. Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year. a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. c Did the organization receive any payments for indoor tanning services during the year? d If 'Yes,' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in	42b 42c 44a 44a		X N/A N/A NO X X

Form 99	O-EZ (2010) GOLD STAR MOTHERS I	NATIONAL MONUME	NT		27-1	192851	P	?age 4
45 Is a	any related organization a controlled entity	of the annulant of the	· 44				Yes	No
a Dic	any related organization a controlled entity I the organization receive any payment from	or the organization with	in the meai	ning of secti	on 512(b)(13)?	45		X
of	I the organization receive any payment from section 512(b)(13)? If 'Yes,' Form 990 and	Schedule R may need t	o be compl	eted instead	of Form 990-EZ (se	e inst.). 45a		Χ
46 Did	I the organization engage, directly or indirendidates for public office? If 'Yes,' complete	ctly, in political campaid Schedule C. Part I	n activities	on behalf o	f or in opposition to	46		Х
Part V	Section 501(c)(3) organizations 501(c)(3) organizations and sec 47-49b and 52, and complete the second seco	s and section 4947(ction 4947(a)(1) nor ne tables for lines 5	a)(1) non nexempt of 0 and 51.	i exempt c charitable	haritable trusts trusts must ansv	only. All sed ver question	าร	<u> </u>
	Check if the organization used Schedu	le O to respond to any o	uestion in	this Part VI.				لليخ
47 Did	the organization engage in lobbying activi	ties? If 'Yes,' complete	Schedule C	. Part II		47	Yes	No X
48 Is t	he organization a school as described in se	ection 170(b)(1)(A)(ii)? I	f 'Yes,' con	nplete Sched	lule E	48		X
49 a Did	the organization make any transfers to an	exempt non-charitable	related org	anization?	• • • • • • • • • • • • • • • • • • • •	49a		Χ
50 Co	Yes,' was the related organization a section molete this table for the organization's five	highest compensated a	mnlovees (other than o	fficare directors to	49b		
em	mplete this table for the organization's five ployees) who each received more than \$10				f there is none, ente	stees and key er 'None.'		
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Comp	pensation	(d) Contributions to employ benefit plans and deferred compensation	accou	nt and	_
None					deterred compensation	other all	wances	5
				The state of the s				
f Tot	al number of other employees paid over \$1	00,000					-	
JI Cor	nplete this table for the organization's five pensation from the organization. If there i	highest compensated in	dependent	contractors	who each received r	nore than \$10	0,000	of
	(a) Name and address of each independent contr		**************************************	<u> </u>	(b) Type of service	(c) Comp	ensation	
None						(4) 501115		
			·					
	at number of other independent contractors	-						
52 Did cha	the organization complete Schedule A? No ritable trusts must attach a completed Sch	ote: All section 501(c)(3)	organizati	ons and 494	7(a)(1) nonexempt	… ► X Yes	Г	7
Under pena	Ities of perjury, I declare that I have examined this return, , and complete. Declaration of preparer (other than office	including accompanying schedu	ules and statem	nents, and to the	best of my knowledge and	belief, it is		No
arde, correct	, and complete. Declaration of preparer (other than office	r) is based on all information of	which prepare	r has any knowle	edge.	·		
Sign	Signature of officer				Date		***************************************	
Here	JUDITH YOUNG			(Chairman			
	Type or print name and title. Print/Type preparer's name	Preparer's signature		Date		DTM		
Paid	JENNIFER L ANDERSON	JENNIFER L ANDE	1	Jake .	Check if	PTIN DOOSOO376	3	
Preparer	Firm's name Mazzucco & Compa		TINOON		self-employed	P00500378	>	
Use Only	Firm's address • 110 Marter Ave.,	Suite 210			Firm's EIN ►	20-1983)24	
1100 AL - 11	Moorestown, NJ (Phone no. (8	56) 234-7	788	
viay the II	RS discuss this return with the preparer sh	own above? See instruc	ctions			►X Yes Form 990		No
						1 01111 220	(4	2010)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury 'ernal Revenue Service ...me of the organization

Total

GOLD STAR MOTHERS NATIONAL MONUMENT FOUNDATION

Employer identification number

27-1192851 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's △ 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 7 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) X An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after 9 June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that 11 describes the type of supporting organization and complete lines 11e through 11h. Type II c | Type III - Functionally integrated Type III - Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box.... Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? g Yes No A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?.... 11g(i) A family member of a person described in (i) above?.... 11 g (ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above?..... 11 g (iii) Provide the following information about the supported organization(s) h (i) Name of supported organization (i) EIN (iii) Type of organization (described on lines 1-9 (iv) Is the organization in column (i) listed in (v) Did you notify the organization in column (i) of your support? (vi) Is the organization in (vii) Amount of support above or IRC section (see instructions)) column (i) organized in the U.S.? your governing document? Yes No Yes No Yes No (A) (B) (C) (D) (E)

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2010

Schedule A (Form 990 or 990-EZ) 2010 GOLD STAR MOTHERS NATIONAL MONUMENT 27-1192851 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

€	tion A. Public Support						
	ndar year (or fiscal year nning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include 'unusual grants.')						
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						-
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4	And the second s			and the second s		
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
9	Net income from unrelated business activities, whether or not the business is regularly carried on.						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activ	ities, etc (see ins	tructions)				
	First five years. If the Form 990 organization, check this box and	stop nere		nd, third, fourth, o	r fifth tax year as	a section 501(c)(3) ► []
	tion C. Computation of Pul						
	Public support percentage for 20						%
	Public support percentage from 2					h	%%
	33-1/3% support test — 2010. If t and stop here. The organization	quanties as a put	olicly supported o	rganization			▶ ∐
b	33-1/3% support test — 2009. If t and stop here. The organization	he organization d qualifies as a pub	lid not check a bo olicly supported o	ox on line 13 or 16 rganization	ba, and line 15 is 3	33-1/3% or more, o	check this box
	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts'	meets the facts-a -and-circumstanc	and-circumstance: es' test. The orga	s' test, check this anization qualifies	box and stop here as a publicly supp	e. Explain in Part I ported organization	V how 1 ►
b ì	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and Private foundation. If the organization organization is the organization of the organization of the organization of the organization.	d-circumstances	test. The organiz	s' test, check this ation qualifies as	a publicly support	e. Explain in Part I ed organization	V how the
AA.	Private foundation. If the organiz	Lation did Hot che	ck a box on line	15, 16a, 16b, 1/a,		s box and see inst edule A (Form 990	
						(· = 55)	

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

30	tion A. Public Support						
	idar year (or fiscal yr beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants.')						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						0.
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						0.
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
6	Total. Add lines 1 through 5	0.	0.	0.	0.	0.	0.
	Amounts included on lines 1, 2, and 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
Ė	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	0.	0.	0.	0.	0.	
_	Add lines 7a and 7b	0.	0.	0.	0.		0.
		0.	0.	0.	0.	0.	0.
	Public support (Subtract line 7c from line 6.)			***		2012 Trends (1)	0.
_ec	tion B. Total Support						
Calen	dar year (or fiscal yr beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
							(.)
	Amounts from line 6	0.	0.	0.	0.	0.	0.
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	0.					
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		0.	0.			0.
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	0.					0. 0. 0.
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		0.	0.	0.	0.	0. 0. 0. 0.
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in		0.	0.	0.	0.	0. 0. 0. 0.
10 a b c c 11 12 13	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the saje of capital assets (Explain in Part IV.).	0.	0.	0.	0.	0.	0. 0. 0. 0.
10 a b c 11 12	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). Total support. (Add Ins 9, 10c, 11, and 12)	0. is for the organiza	0. 0. ation's first, second	0.	0.	0.	0. 0. 0. 0.
10 a b 11 12 13 14 Sec: 15	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). Total support. (Add Ins 9, 10c, 11, and 12.) First five years. If the Form 990 organization, check this box and tion C. Computation of Pul Public support percentage for 20	0. is for the organize stop here blic Support P	0. 0. ation's first, second ercentage n (f) divided by line	0. 0. d, third, fourth, or	0. 0. r fifth tax year as	0. 0. a section 501(c)(3	0. 0. 0. 0.
10 a b c 11 12 13 14 Sec 15 16	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add Ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pul Public support percentage from 20	0. is for the organizastop here blic Support P 10 (line 8, column 2009 Schedule A,	0. 0. ation's first, second ercentage n (f) divided by line Part III, line 15	0. 0. d, third, fourth, or	0. 0. r fifth tax year as	0. 0. a section 501(c)(3	0. 0. 0. 0. 0. 3) ► X
10 a b c 11 12 13 14 Sec 15 16	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). Total support. (Add Ins 9, 10c, 11, and 12.) First five years. If the Form 990 organization, check this box and tion C. Computation of Pul Public support percentage from 20 Public support percentage from 2 tion D. Computation of Inv	0. is for the organize stop hereblic Support Port of the stop	0. ation's first, second ercentage (f) divided by line Part III, line 15 ne Percentage	0. 0. d, third, fourth, or	0. 0. r fifth tax year as	0. a section 501(c)(3	0. 0. 0. 0. 0. 0. 3) ► X
10 a b c 11 12 13 14 Sec 15 16	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). Total support. (Add Ins 9, 10c, 11, and 12.) First five years. If the Form 990 organization, check this box and tion C. Computation of Pul Public support percentage from 20 Public support percentage from 2 tion D. Computation of Inv	0. is for the organize stop hereblic Support Port of the stop	0. ation's first, second ercentage (f) divided by line Part III, line 15 ne Percentage	0. 0. d, third, fourth, or	0. 0. r fifth tax year as	0. a section 501(c)(3	0. 0. 0. 0. 0. 0. 3) ► X
10 a b c 11 12 13 14 Sec: 15 16 Sec: 17	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add Ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pul Public support percentage from 20	0. is for the organize stop here blic Support P 10 (line 8, column 2009 Schedule A, estment Incor	0. ation's first, second ercentage n (f) divided by line Part III, line 15 ne Percentage column (f) divided	0. 0. d, third, fourth, or 13, column (f))	0. 0. r fifth tax year as	0. 0. a section 501(c)(3	0. 0. 0. 0. 0. 0. 8
10 a b c 11 12 13 14 Sec 15 16 Sec 17 18 9a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add lins 9, 10c, 11, and 12.) First five years. If the Form 990 organization, check this box and tion C. Computation of Pull Public support percentage from 2 tion D. Computation of Inv Investment income percentage from 33-1/3% support tests — 2010. If is not more than 33-1/3%, check	o. is for the organize stop here	0. ation's first, second ercentage n (f) divided by line Part III, line 15 ne Percentage column (f) divided le A, Part III, line 1 did not check the phere. The organic	0. 0. d, third, fourth, or 1. by line 13, colur 17 box on line 14, and 2 attion qualifies a	0. 0. r fifth tax year as mn (f))	0. 0. a section 501(c)(3) 15 16 17 18 e than 33-1/3%, arorted organization.	0. 0. 0. 0. 0. 0. 3) ► X
10 a b c 11 12 13 14 Sec 15 16 Sec 17 18 9a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). Total support. (Add Ins 9, 10c, 11, and 12.) First five years. If the Form 990 organization, check this box and tion C. Computation of Pul Public support percentage from attomaches the properties of the process o	o. is for the organization stop here blic Support P 10 (line 8, column 2009 Schedule A, estment Incor or 2010 (line 10c, rom 2009 Schedul the organization this box and stop	0. ation's first, second ercentage a (f) divided by line Part III, line 15 ne Percentage column (f) divided le A, Part III, line of the column to the column did not check the column of the column did not check a both ere. The organization of the column did not check a both ere.	0. 0. d, third, fourth, or 1. box on line 14, and a station qualifies a	0. 0. r fifth tax year as mn (f))	0. a section 501(c)(3	0. 0. 0. 0. 0. 0. 3)

Schedule A	(Form 990 or 9	90-EZ) 2010	GOLD STAR	MOTHERS N	ATIONAL N	MONUMENT	27-1192851	Page 4
Part IV	Supplement Part II, line (See instruc	t al Informatio 17a or 17b; a tions).	n. Complete nd Part III, I	this part to ine 12. Also	provide the complete t	e explanations his part for an	27-1192851 required by Part II, y additional informa	line 10; tion.
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2010	Schedule O - Supplemental Information	Page 2
Client 01012011	GOLD STAR MOTHERS NATIONAL MONUMENT FOUNDATION	27-119285
6/29/11		07:50Al
Form 990-EZ, Part I Other Expenses	Line 16	
BANK CHARGES CONTRIBUTIONS	Promotion \$ Total \$	57. 64. 200. 185. 506.
CONTRIBUTED CAP	et Assets Or Fund Balances	60,000. 22,321.
	Total \$	82,321.



New Jersey Office of the Attorney General Division of Consumer Affairs

Office of Consumer Protection Charities Registration Section 124 Halsey Street, 7th Floor, P.O. Box 45021 Newark, NJ 07101 (973) 504-6215

Form CRI-150-I

Long-Form Initial Registration/Verification Statement (Revised April 2008)

All questions must be answered.

1.	This statement contains the facts and financial information for the fiscal year ending: 12/31/2010
2.	Federal ID Number (EIN) 27-119285 2a. N.J. Charities Registration Number: CH-
3.	Full legal name of the registering organization: Gold Star Mothers National Monument Foundation. In care of: (if necessary, otherwise leave this line blank)
4.	Mailing Address: 2174 Whis perwood Glen Lane, Reston VA 2019/ Change of Address Street Address
NO:	TE: If " in care of," a postal, private or rural delivery mail box number is used, the street address of the charity must be given below.
5.	The principal street address of the registering organization
6.	Does the organization have any offices in New Jersey in addition to the one listed above? Yes No If "Yes," attach a list giving the street address and telephone number of each office in New Jersey.
6a.	If the street address listed above is not where the organization's official records are kept, or if the organization does not maintain an office in New Jersey, indicate the name, full address, phone and fax number of the person having custody of the of the organization's records, and to whom correspondence should be addressed.
	Judith C. Young 30 ERASER ROAD MODESTOWN NT 08057
	Contact person Street address City State ZIP Code
	Telephone number (include area code) Fax number (include area code)
7.	Organization's contact information:
	856-235-6918
	Telephone number (include area coxle) Fax number (include area coxle) WWW.asmmonument.org
	E-mail address Web site
8.	Type of organization (check one):
	Nonprofit corporation ☐ Foundation ☐ Individual ☐ Association ☐ Society ☐ Partnership ☐ Trust ☐ Other (Specify)
9.	Where and when was the organization legally established? Date: 12 1 2009 State: New Tersey As required by the C.R.I. Act (N.J.S.A. 45:17A-24c(1)), attach to this registration a copy of the organization's bylaws and instrument of organization (that is, the organization's charter, articles of incorporation or organization, agreement of association, instrument of trust, or constitution).

10.	Does the organization solicit funds under any name or names other than as indicated on line 3 of this form? If "Yes," indicate all of the other names used:	□Yes	Lino
۱۱.	Does the organization intend to solicit contributions from the general public?	⊠Yes	□No
12.	Is the organization authorized by any other state or jurisdiction to solicit contributions? If "Yes," please provide a list of those states or jurisdictions, below or on a separate sheet of paper.	□Yes	₽ No
13.	Does the organization have affiliates which share the contributions or other revenue it raised in New Jersey? If "Yes," provide a separate listing of those affiliates indicating the name, street address and telephone number	☐ Yes for each o	
14.	What is the charitable purpose or purposes for which the organization was formed? If necessary, attach a separat registration.	e stateme	nt to this
ι	To erect a national monument in washington D.C. area to the sacrifice of our nations mothers whose sons and have died while in military service.	comm	<u>emorati</u> gnters
14a.	What are the specific programs and charitable purposes for which contributions are used? For each program already exists or is planned. Only major program categories need be listed. If necessary, attach a separate registration. Contributions are Specifically used in the planning and of a manument for the Gold Star Mothers.	statemer	nt to this
15.	Does the organization use an independent paid fund-raiser or fund-raising counsel? If "Yes," please attach to this registration a list of paid fund-raiser(s) or fund-raising counsel(s), including their full number, fax number, registration number in New Jersey, and a contact person's name.	□Yes address, t	□ No elephone
15a.	Does the independent paid fund-raiser or fund-raising counsel have custody, control or access to the organization's If "Yes," please describe the situation.	funds? □Yes	D/No
16.	Has the organization permitted a charitable sales promotion to be conducted on its behalf by a commercial co-v fiscal year-end being reported? If "Yes," please explain:		uring the
17.	Has the Internal Revenue Service (I.R.S.) determined that the organization is tax exempt under code 501(c)(3) a. If "Yes," attach a photocopy of the Federal Tax Exemption determination letter issued by the I.R.S. b. Has a tax exemption been granted under another I.R.S. code? If "Yes," advise which one: 501 (c) () and attach a photocopy of the Federal Tax Exemption	? Yes	□ No
	 determination letter issued by the I.R.S c. If "No," has an application been filed which is still pending? If so, please attach a copy of the I.R.S. 1023 form filed. d. Also, if "No," has an I.R.S. tax exemption been refused, changed or revoked? If an exemption has been refused, changed or revoked, attach to this registration a copy of the I.R.S. dete notification and provide a detailed explanation of the circumstances on a separate sheet of paper. 	☐ Yes ☐ Yes ermination	No No letter of
18.	Has the organization ever had its authority to conduct charitable activities denied, suspended, or revoked in any jurt organization ever entered into any voluntary agreement of discontinuance with any governmental entity? If "Yes," attach to this registration a copy of the denial, suspension, revocation or voluntary agreement of discontinuance with any governmental entity? document does not explain the reasons for the denial, suspension or revocation, attach to this registration as separate sheet of paper.	☐ Yes continuan	No ice. If the

19.		an administrative investigation ency or officer?	of voluntary compliance or similar on or proceeding, with or without a ment.		ity) with arry		
20.	Has the organization or any of its present officers, directors, executive personnel or trustees ever been found to have engaged in unlawful practices in the solicitation of contributions or administration of charitable assets or been enjoined from soliciting contributions, or are such proceedings pending in this or any other jurisdiction? Yes No If "Yes," attach to this registration photocopies of any and all written documentation (such as a court order, administrative order, judgment, formal notice, written assurance or other document) which show the final disposition of the matter.						
21.	convicted of any criminal off criminal or civil offense invo	ense committed in connection of the connection of the committed in connection of the	rs, trustees or principal salaried ex n with the performance of activiti onesty or any criminal offense rel ea of guilty, non vult, nolo conte	es regulated under the ating adversely to the endere or any similar	nis act or any ne registrant's		
22.	in any administrative or civil ac of liability in an administrative in an unlawful practice in rela	ction involving theft, fraud, or or civil action shall include, be tion to the solicitation of cont	s or principal salaried executive sta deceptive business practices? For p ut is not limited to, any finding or ad ributions or the administration of c gistration a copy of any order, judgme	urposes of this question \mathbf{m} is sion that the indiversal haritable assets. \square	on a judgment idual engaged Yes 🖾 No		
23.	Provide the following inform employees:	nation for each officer, direc	ctor, trustee and the five most-hip	ghly compensated e	xecutive staff		
	Name	Business address	Telephone number	Relationship	Salary		
	Judith Young John Hanberry Mary Miller Andrew Chernack Col. WARD Nicloich	4401-A CT. AVE NW 4401-A CT AVE NI 4401 A CT AVE NO	#343 WASHINGTON OC V#343 WASHINGTON OC W#343 WASHINGTON OC V#343 WASHINGTON OC W#343 WASHINGTON OC	Chairman Boardmembe Secretary Boardmemb Co-Chairma	-0- er -0-		
					,		

CRI- 150-I Long-Form Registration Initial Financial Statement

Note: If the financial value of a line item = 0, place a zero in the space provided.

Please report all figures as GROSS, not NET.

Full legal name and street address of the organization								
Full legal name: Gold Star Mothers				tion, Inc.				
Fiscal year-end being reported: 12/31/2010 Federal ID Number (EIN) 27-119285								
Mailin GOLD STAR MOTHERS NATIONAL MONUMENT FOUNDATION	ne	City	State	2006				
Managerat Pouddallah 30 Eraser Road		J.,						
Street Moorestown, New Jersey 08057								
	Street Address	Ci		ZIP Code				
New Jersey Charities Registration number: CH	(00 Telephone	number: 856-2	35-69/8 Slude area code)				
Attach to this registration the most recent Internal Revenu	ie Service For	m 990 and Schedul	eA(990), if the organiz	zation has filed those				
forms. Attach a copy if the organization's annual finan-								
received gross revenue in excess of \$250,000. Note								
the financial reports must be certified by the organization	on's president	or other authorize	d officer of the organiz	zation's board.				
In lieu of completing the CRI-150-I Financial Statement	pages, attache	d please find a copy	of the I.R.S. 990 filing t	for the fiscal year-end				
indicated above.								
A. Receipts								
Line A1a. Direct Public Support received from the	following so	ircec.						
(1) Direct mail								
(2) Telephone solicitation				m146.0497				
(3) Commercial co-venture								
(4) Gross receipts from fun								
(5) Canisters, counter cards			Control of the contro					
(6) Corporations and other			10000000000000000000000000000000000000	arrana (***				
(7) Foundations and trusts			The first of the comment of the first of the comment of the commen					
(8) Donated land, buildings			1-2-0-0-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-					
materials								
(9) Legacies and bequests								
(10) Membership dues solely								
solicitations								
(11) Other support (specify)								
Control of the contro								
Line A1b. Total Direct Public Support (add lines A	1a(1) through	ı Ala(11)						
•	., -							
Line A1c. Indirect Public Support received from the	he following s	ources:						
(1) Federated fund-raising	organization.							
(2) From an affiliated organ	nization		***************************************	varran-				
(3) From another fund-raisi	ing organizati	on		and the same				
Line A1d. Total Indirect Public Support (add lines Alc(1) thru A1c(3))								
Line Ale. Total Gross Contributions (add lines	Alb and Alc	l)		Management of the Control of the Con				

Please Note: The amount of Gross Contributions (line Ale on this form) determines the registration fee which must be paid and the form which should be used. July 2006 revisions to the Charities Registration Act now require all charities to pay a registration fee, including charities whose Gross Contributions are less than \$10,000. Further information for charity registrants may be found on our Web site: http://www.njconsumeraffairs.gov/ocp/charities.htm.

	Line A2. Gover	ne A2. Government grants including purchase of service contracts (specify agency)				
		a				
		b				
		C				
		d				
	Line A2e. Totál	Government Grants (add lines 2a thru 2d)				
	Line A3. Other Support					
		a. Bona fide membership				
		b. Program service revenue				
		c. Professional services rendered by volunteers				
		d. Miscellaneous income (specify)				
	Line A3e. Total	Other Support (add the total of lines A3a thru A3d)				
	Line A4. Total	Gross Revenue (add lines A1e, A2e and A3e)				
В.	Expenses					
	E.					
	x * x *	n.				
	Line B1.	Program expenses.				
	Line B2.	Management and general expenses.				
	Line B3.	Fund-raising expenses.				
	Line B4.	Payments to states and national affiliates (if applicable)				
	Line B5.	Total Expenses (add the totals of line B1 thru B4)				
~	TC 7	D. C. */				
C.	Excess or l					
	For the fiscal ye	ear-end (subtract line B5 from line A4)				
D.	Fund Bala	nce				
	T. D.	Not asset to Continue at haring in Continue				
	Line D1.	Net assets or fund balances at beginning of year				
	Line D2.	Other changes in net assets or fund balances (attach explanation)				
	Line D3.	Net assets or fund balances at end of the year (Combine lines C, D1 and D2)				

Long-Form Initial Registration Statement Form CRI-150-IC Confidential Information

Organization's Name: Gold Star Mothers National Monument Foundation	a,Inc.								
N.J. Charities Registration Number: CH00 Federal ID Number (EIN) 27-119285									
Fiscal Year-End being reported: 12/31/2010 Telephone number:	And the second s								
24. Are any of the organization's officers, directors, trustees or the five most-highly compensated employees related by blood, marriage or adoption to:									
a. each other?									
a. each other? b. any officers, agents or employees of any fund-raising counsel or independent paid fund-raiser under contract to the organization? Yes W No									
c. any chief executive, employee, any other employee of the organization with a direct financial interest in the transaction, or any partner, proprietor, director, officer, trustee, or to any shareholder of the organization with more than two (2) percent interest in any supplier or vendor providing goods or services to the organization?									
d. If you answered "Yes," to questions 24a, b, or c, please provide a statement explaining these relationships.									
Do any of the organization's officers, directors, trustees or the five most-highly compensated employees have a financial interest in any activities engaged in by a fund-raising counsel or independent paid fund-raiser under contract to the organization, or any supplier or vendor providing goods or services to the organization? Yes Your Mo If "Yes," please detail these relationships below or on a separate sheet of paper, and provide the name, business address and telephone number of all interested parties.									
We understand that this registration is being issued at the discretion of the Division of Consumer Affairs and agree that employees of the Division may inspect the records in the possession of this organization in order to ascertain compliance with the statute and all pertinent regulations. We also understand that we may be required to provide additional information if requested.									
We hereby certify that the above information and the attached financial schedule(s) and statement(s) are true. We are aware that if any of the above statements are willfully false, we are subject to punishment.									
SignatureNameTitleDate									
SignatureNameTitleDate									
This form must be signed by two (2) authorized officers of the organization, including the chief financial officer.									

Note: Form CRI-150-IC must be filed with Form CRI-150-I.

Initial registrants who are required to file the Long-Form Initial Registration/Verification Statement CRI-150-I/IC must submit the following:

- (1) A fully completed Long-Form Initial Registration Statement CRI-150-I submitted with the CRI-150-I Financial Statement, the CRI-150-IC Confidential Information Statement (with signatures), and all lists, statements and attachments as may be required by answers to the form's questions.
- (2) All charity registrants in New Jersey must pay a registration fee based on gross contributions. Please visit our Web site at www.njconsumeraffairs.gov for a complete schedule of registration fees due. A check or money order for the registration fee due, made payable to the New Jersey Division of Consumer Affairs, must accompany the registration form. Cash or credit card payments cannot be accepted. Initial registrations must be submitted prior to soliciting in the State of New Jersey. Registrations must be renewed annually, and are due within six months of the fiscal year-end. Extensions of time to file cannot be granted on initial (first-time) registrations.
- (3) Charity registrants with total gross revenue in excess of \$250,000 annually are required to submit a certified audit (including any management letters) which has been prepared by a certified public accountant.
- (4) Please write the organization's charities registration number on all checks, forms, and copies of documents submitted.
- (5) If the charity was required by the Internal Revenue Service to file an IRS-990 form for the organization's fiscal year-end being reported, a copy, including Schedule A, must be submitted with the registration form.
- (6) Photocopies of any orders, judgments, agreements or other documents which show the final disposition of any civil or criminal actions brought against the organization or its board members, must be marked with the related question number and the charities registration number.
- Only initial registrants must submit photocopies of the organization's bylaws, the certificate of incorporation and the I.R.S. determination letter. However, copies of these documents must be resubmitted each time they are amended.
- (8) Mail the completed registration, enclosures and any attachments to the:

New Jersey Division of Consumer Affairs Charities Registration & Investigation Section P.O. Box 45021 Newark, NJ 07101

Should you have questions regarding charities registration in New Jersey, please visit our Web site at http://www.njconsumeraffairs.gov/ocp/charities.htm where registration information, instructions, forms and a fee schedule may be viewed and/or downloaded. After reading through all of the information on our Web site, if you have further questions, please contact the Charities Registration Section at our hotline number (973)-504-6215 during regular business hours.