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

RETURN MUST BE FILED ONLINE.
This form cannot be paper filed - this copy is for informational purposes only.

Form CRI-300R
Long-Form Renewal Registration/Verification Statement

(Revised April 2008)

All questions must be answered.

Pursuant to the New Jersey Charitable Registration and Investigation Act (also known as "the C.R.I. Act" (N.J.S.A. 45:17A-18 et seq.), and prior to operating or commencing solicitation activity in the State, a charitable organization unless exempted from registration requirements (or qualified to file a Short-Form Registration Statement, CRI-200) shall file a Long-Form Initial Registration Statement, CRI-150-I. Charities submitting their annual long-form renewal registration must use Form CRI-300R. Please see the checklist at the end of this form for a discussion of fees, financial statements, documents to be attached, and other requirements for registration.

1. This statement contains the facts and financial information for the fiscal year ending: 02/28/2017 (month day year)

2. Federal ID Number (EIN) 26-1388409 2a. N.J. Charities Registration Number: CH- 3232800

3. **Full legal name of the registering organization:** NEW JERSEY CENTER FOR TOURETTE SYNDROME
In care of: (if necessary, otherwise leave this line blank) SANTINA REICHENBACH

4. **Mailing Address:** 50 DIVISION ST, SOMERVILLE, NJ 08876 (Street Address / City / State / ZIP Code) ☐ **Change of Address**

NOTE: 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 _____ (Street Address / City / State / ZIP Code)
☒ **Same as Mailing Address**

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 organization's records, and to whom correspondence should be addressed.
SANTINA REICHENBACH 50 DIVISION STREET, #205 SOMERVILLE, NJ 08876
(Contact person / Street address / City / State / ZIP Code)

908-575-7350 (Telephone number (include area code))
908-575-8699 (Fax number (include area code))

7. Organization's contact information:
908-575-7350 (Telephone number (include area code))
908-575-8699 (Fax number (include area code))
SREICHENBACH@NJCTS.ORG (E-mail address)
WWW.NJCTS.ORG (Web site)

8. Type of organization (check one):

☒ Nonprofit corporation ☐ Foundation ☐ Individual ☐ Association ☐ Society
☐ Partnership ☐ Trust ☐ Other (Specify) _____

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2016.05000 NEW JERSEY CENTER FOR TOU 5060 1

9. Where and when was the organization legally established? Date: 05/08/2007 State: NJ
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) only if the document has been issued or amended during the fiscal year being reported.

10. Does the organization solicit funds under any name or names other than as indicated on line 3 of this form? ☐ Yes ☒ No
If "Yes," indicate all of the other names used: _____

11. 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? ☐ Yes ☒ No
If "Yes," please provide a list of those states or jurisdictions, below or on a separate sheet of paper.

13. Does the organization have affiliates which share the contributions or other revenue it raised in New Jersey? ☐ Yes ☒ No
If "Yes," provide a separate listing of those affiliates indicating the name, street address and telephone number for each one.

14. What is the charitable purpose or purposes for which the organization was formed? If necessary, attach a separate statement to this registration.
COMMITTED TO EDUCATION, ADVOCACY & RESEARCH FOR CHILDREN AND FAMILIES WITH TOURETTE SYNDROME

14a. What are the specific programs and charitable purposes for which contributions are used? For each program, state whether it already exists or is planned. Only major program categories need be listed. If necessary, attach a separate statement to this registration.
ALREADY EXISTS-RUTGERS TS CLINIC
ALREADY EXISTS-TOURETTE SYNDROME AWARENESS, EDUCATION, AND ADVOCACY

15. Does the organization use an independent paid fund-raiser or fund-raising counsel? ☐ Yes ☒ No
If "Yes," please attach to this registration a list of paid fund-raiser(s) or fund-raising counsel(s), including their full address, telephone number, fax number, registration number in New Jersey, and a contact person's name.

15a. Does the independent paid fund-raiser or fund-raising counsel have custody, control or access to the organization's funds? ☐ Yes ☒ No
If "Yes," please describe the situation.

16. Has the organization permitted a charitable sales promotion to be conducted on its behalf by a commercial co-venturer during the fiscal year-end being reported? ☐ Yes ☒ No
If "Yes," please explain: _____

17. Has the Internal Revenue Service (I.R.S.) determined that the organization is tax exempt under code 501(c)(3)? ☒ Yes ☐ No
a. 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. ☐ Yes ☒ No
b. Has a tax exemption been granted under another I.R.S. code? ☐ Yes ☒ No
If "Yes," advise which one: _____
c. Has an I.R.S. tax exemption been refused, changed or revoked? ☐ Yes ☒ No
If an exemption has been refused, changed or revoked, attach to this registration a copy of the I.R.S. determination letter of notification and provide a detailed explanation of the circumstances on a separate sheet of paper.

18. Has the organization ever had its authority to conduct charitable activities denied, suspended, or revoked in any jurisdiction or has the organization ever entered into any voluntary agreement of discontinuance with any governmental entity? ☐ Yes ☒ No
If "Yes," attach to this registration a copy of the denial, suspension, revocation or voluntary agreement of discontinuance. If the document does not explain the reasons for the denial, suspension or revocation, attach to this registration an explanation on a separate sheet of paper.

19. Has the organization voluntarily entered into an assurance of voluntary compliance or similar order or agreement (including, but not limited to, a settlement of an administrative investigation or proceeding, with or without an admission of liability) with any jurisdiction, state or federal agency or officer? ☐ Yes ☒ No
If "Yes," please attach to this registration the relevant document.

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. Has the organization or any of its present officers, directors, trustees or principal salaried executive staff employees ever been convicted of any criminal offense committed in connection with the performance of activities regulated under this act or any criminal or civil offense involving untruthfulness or dishonesty or any criminal offense relating adversely to the registrant's fitness to perform activities regulated by this Act? A plea of guilty, non vult, nolo contendere or any similar disposition of alleged criminal activity shall be deemed a conviction. ☐ Yes ☒ No

22. Has the organization or any of its officers, directors, trustees or principal salaried executive staff employees been adjudged liable in any administrative or civil action involving theft, fraud, or deceptive business practices? For purposes of this question a judgment of liability in an administrative or civil action shall include, but is not limited to, any finding or admission that the individual engaged in an unlawful practice in relation to the solicitation of contributions or the administration of charitable assets. ☐ Yes ☒ No
If "Yes," identify the individual(s) below and attach to this registration a copy of any order, judgment or other documents indicating the final disposition of the matter.

23. Provide the following information for each officer, director, trustee and the five most-highly compensated executive staff employees:

Name	Business address	Telephone number (include area code)	Title	Salary
SEE STATEMENT 1				

CRI-300R Long-Form Registration Renewal 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: NEW JERSEY CENTER FOR TOURETTE SYNDROME

Fiscal year-end being reported: 02/28/2017 (month day year) Federal ID Number (EIN) 26-1388409

Mailing address:
50 DIVISION ST, SOMERVILLE, NJ 08876
Mailing Address P.O. Box Number or Suite City State ZIP Code

Street address of the registering organization: _____
Street Address City State ZIP Code

New Jersey Charities Registration number: CH 3232800 -00 Telephone number: 908-575-7350 *(include area code)*

Attach to this registration the most recent Internal Revenue Service Form 990 and Schedule A (990), if the organization has filed those forms. Attach a copy if the organization's annual financial report included an audited financial statement, or if the organization received gross revenue in excess of $500,000. **Note:** If the organization received gross revenue of less than $500,000, the financial reports must be certified by the organization's president or other authorized officer of the organization's board.

[X] In lieu of completing the CRI-300R Financial Statement pages, attached please find a copy of the I.R.S. 990 filing for the fiscal year-end indicated above.

A. Receipts

Line A1a. Direct Public Support received from the following sources:

(1)	Direct mail	
(2)	Telephone solicitation	
(3)	Commercial co-venture	
(4)	Gross receipts from fund-raising events	
(5)	Canisters, counter cards, door to door etc	
(6)	Corporations and other businesses	
(7)	Foundations and trusts	
(8)	Donated land, buildings, property, equipment and materials	
(9)	Legacies and bequests	
(10)	Membership dues solely resulting from solicitations	
(11)	Other support (specify)	

Line A1b. Total Direct Public Support (add lines A1a(1) through A1a(11))

Line A1c. Indirect Public Support received from the following sources:

(1)	Federated fund-raising organization	
(2)	From an affiliated organization	
(3)	From another fund-raising organization	

Line A1d. Total Indirect Public Support (add lines A1c(1) thru A1c(3))

Line A1e. Total Gross Contributions (add lines A1b and A1d)

Line A2. Government grants including purchase of service contracts (specify agency)

a. _____ ..... _____
b. _____ ..... _____
c. _____ ..... _____
d. _____ ..... _____

Line A2e. Total 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) ..... _____

B. Expenses

Line B1. Program expenses ..... _____
Line B2. Management and general expenses ..... _____
Line B3. Fund-raising expenses ..... _____
Line B4. Payments to state/national affiliates (if applicable) ..... _____
Line B5. **Total Expenses** (add the totals of line B1 thru B4) ..... _____

C. Excess or Deficit

For the fiscal year-end (subtract line B5 from line A4) ..... _____

D. Fund Balance

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 year (Combine line C, D1 and D2) ..... _____

Please Note: The amount of Gross Contributions (line A1e 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.

Long-Form Renewal Registration Statement
Form CRI-300RC
Confidential Information

Organization's Name: NEW JERSEY CENTER FOR TOURETTE SYNDROME

N.J. Charities Registration Number: CH- 3232800 -00 Federal ID Number (EIN) 26-1388409

Fiscal Year-End being reported: 02/28/2017 (month day year)

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? ☐ Yes ☒ No

b. any officers, agents or employees of any fund-raising counsel or independent paid fund-raiser under contract to the organization? ☐ Yes ☒ 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? ☐ Yes ☒ No

d. If you answered "Yes," to questions 24a, b, or c, please provide a statement explaining these relationships.

25. 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 ☒ No

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.

Signature _____ Name FAITH RICE Title EXECUTIVE DIRECTOR Date 12/7/17

Signature _____ Name TIMOTHY R. DWYER Title Board Treasurer Date 12/7/17

This form must be signed by two (2) authorized officers of the organization, including the chief financial officer.

Note: Form CRI-300RC must be filed with Form CRI-300R.

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FORM CRI-300R LIST OF OFFICERS, DIRECTORS, TRUSTEES AND FIVE MOST HIGHLY PAID EMPLOYEES STATEMENT 1

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
SEE ATTACHED 990		

ADDRESS

SALARY

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
FAITH RICE	EXECUTIVE DIRECTOR	

ADDRESS

23 HICKORY RUN
CALIFON, NJ 07830

SALARY

0.

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
TIM OMAGGIO	PRESIDENT	

ADDRESS

3 COLONEL EVANS DRIVE
MORRISTOWN, NJ 07960

SALARY

0.

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
REBECCA SPAR, ESQ.	SECRETARY	

ADDRESS

8 REIGATE PLACE
SUFFERN, NY 10901

SALARY

0.

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
ANDREW HENDRY	DIRECTOR	

ADDRESS

6 PINE KNOLL DRIVE
LAWRENCEVILLE, NJ 08648

SALARY

0.

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
CONRAD RONCATI	DIRECTOR	

ADDRESS

430 HOMANS AVE.
CLOSTER, NJ 07624

SALARY

0.

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
TIMOTHY KOWALSKI, PH.D.	DIRECTOR	

ADDRESS

7 JEFFERS ROAD
PLAINSBORO, NJ 08536

SALARY

0.

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
TIM HOWARD	DIRECTOR	

ADDRESS

3355 THORNWOOD ROAD
SARASOTA, FL 34231

SALARY

0.

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
AMY COLCHER, MD	DIRECTOR	

ADDRESS

1210 BRACE ROAD, #100
CHERRY HILL, NJ 08034

SALARY

0.

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
STEVEN LINDENBAUM	DIRECTOR	

ADDRESS

4 ATLANTIC CT.
MARLBORO, NJ 07746

SALARY

0.

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
TIM YINGLING	DIRECTOR	

ADDRESS

178 CHIPPEWA TRAIL
MEDFORD LAKES, NJ 08055

SALARY

0.

NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
PAUL ROMANO	TREASURER	

ADDRESS

50 DIVISION ST.
SOMERVILLE, NJ 08876

SALARY

0.

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

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Form CRI-400

(Revised April 2008)

Application for an Extension of Time to File the Annual Renewal Registration Statement and Financial Report for a Charitable Organization

All questions must be answered.

Important: Effective July 9, 2006, changes were made to the Charitable Registration and Investigation Act.

Carefully review the attached instructions before completing and submitting this form.

Short-form filers, which take in $10,000 or less per year in gross contributions, will no longer be granted an extension of time to file their renewal registration, pursuant to changes in the Charitable Registration and Investigation Act effective July 9, 2006, for fiscal years ending January 31, 2006, and after. *Please Note: Extensions of time to file cannot be granted for Initial Registrations.*

Date fiscal year ends: 02/28/17 **Date of this application:** 08/15/17 **N.J. Charities Registration Number: CH-** 3232800

Charity's Full Legal Name: NEW JERSEY CENTER FOR TOURETTE SYNDROME

Other Names Used (d.b.a.) _____

Mailing Address:

50 DIVISION ST, SOMERVILLE, NJ 08876
In care of: Address City State ZIP Code

Street Address:

_____
Street Address City State ZIP Code

☐ **Check this box to flag a change of address or other vital information.**

Contact Person: SANTINA REICHENBACH **Phone Number:** 908-575-7350 (include area code)

E-mail: SREICHENBACH@NJCTS.ORG **Federal Tax ID (EIN):** 26-1388409

Web site: WWW.NJCTS.ORG **Fax Number:** 908-575-8699 (include area code)

1. A six-month extension of time to file the Renewal Statement and Financial Report(s), for the fiscal year-end shown above, is hereby requested for the following reason(s):
   ADDITIONAL TIME NEEDED TO PREPARE A COMPLETE AND ACCURATE RETURN.

2. Has the organization filed all renewal registration statements for years prior to the fiscal year ending on the date shown on the first page of this application? [X] Yes [ ] No

If "No," please stop: if any prior years' filings are delinquent, the extension request will be denied. Please bring the renewal registration filings for all previous years up to date before submitting a request for an extension on a more current year.

3. Has the organization submitted all previous years' registration fees and/or penalties owed to the Charities Registration Section of the Division of Consumer Affairs? [X] Yes [ ] No

4. Has the organization previously filed an initial registration with the Charities Registration Section? [X] Yes [ ] No

If "No," please stop: You must immediately file an initial registration for which an extension of time to file cannot be granted.

5. Final Check List - please review and check off each of the five items below as they are confirmed and accomplished.

- [X] I have read the instructions for the extension of time to file the Registration Statement and Financial Report(s).
- [X] All of the questions on this application have been answered.
- [X] The charity has filed all previous renewal registrations and required documents.
- [X] The charity has paid all previous years' fees and penalties owed to the Division.
- [X] Payment of the registration fee due for the fiscal year being requested on this application is enclosed and has been made payable to the "New Jersey Division of Consumer Affairs."

We hereby certify that all of the above statements are true. I further certify that the organization has filed all previous years' reports, has paid all fines and penalties owed to the Division, and that this extension request contains true and accurate information. We are aware that if any of the above statements are willfully false, we are subject to punishment.

Signature _____ Title EXECUTIVE DIREC Date _____

Signature _____ Title _____ Date _____

This form must be signed by at least one (1) officer of the charity.

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.