



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-200
Short-Form Registration/Verification Statement
(Revised April 2008)

All questions must be answered.

Charitable organizations, domiciled or doing business in the State of New Jersey, which receive gross contributions of \$25,000 or less per year, are required to submit an initial registration and to renew registration annually. In both circumstances this form may be used. In the event an organization receives gross contributions of less than \$10,000 per year and does not compensate anyone to solicit or perform fund-raising activities on its behalf, the organization is exempt from registration, but may still choose to register. The registration fee for charities with gross contributions between \$0 and \$25,000 is \$30, whether the fee is for an initial or renewal registration. Payment is to be made by check or money order, made payable to the "New Jersey Division of Consumer Affairs," and is due at the time of submission of the form.

1a. This statement is an [ ] Initial [X] Renewal Registration (check one only.)
1b. This statement contains the facts and financial information for the fiscal year ending: 06/30/2016
2. Federal ID Number (EIN) 20-0441773 2a. N.J. Charities Registration Number: CH-315300
3. Full legal name of the registering organization: Make A Smile Foundation, Inc.
In care of: (if necessary, otherwise leave this line blank) c/o E. Martin Davidoff
4. Mailing Address: P.O. Box 555 Dayton, New Jersey 08810 [ ] 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 353 Georges Road, Suite K Dayton, NJ 08810
[ ] Same as Mailing Address

- 6. Does the organization have any offices in New Jersey in addition to the one listed above? [ ] Yes [X] 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.

Contact person Street address City State ZIP Code
Telephone number (include area code) Fax number (include area code)

7. Organization's contact information:
732-274-1600 Telephone number (include area code)
732-274-1666 Fax number (include area code)
EMD@taxattorneycpa.com E-mail address
www.makeasmilefoundation.com Web site

8. The organization is eligible to file a Short Form Registration because:
- a) It did not receive gross contributions in excess of \$25,000 in the preceding fiscal year, AND all of the organization's functions, including fund-raising, are conducted by volunteers, members, officers or persons who are not compensated for soliciting contributions.  Yes  No
  - b) It is a fraternal, patriotic, social or alumni organization, historical society or similar organization organized under the provisions of Title 15 of the New Jersey Revised Statutes or Title 15A of the New Jersey Statutes, AND solicitation of contributions is confined to the organization's membership and performed by members of the organization.  Yes  No
  - c) It solicits on behalf of a specified individual, and all contributions, without any deductions whatsoever, will be turned over to this beneficiary.  Yes  No
  - d) It is a local post, camp, chapter or similarly designated element or county unit, of a bona fide veterans' organization which issues charters to the local elements throughout New Jersey or to any veterans' organization chartered under federal law or a service foundation of such an organization recognized in the organization's by-laws.  Yes  No
  - e) It is a private foundation that raised less than \$25,000 in public contributions.  Yes  No

**Note to question 8: If after reviewing the answers to questions 8a through 8e, none of the statements can be answered "Yes," the charity is not eligible to use the Short-Form CRI-200 and instead must use the Long-Form Initial Registration Statement CRI-150-I or the Long-Form Renewal Statement CRI-300R.**

9. Have there been changes in the organization's name, address, Internal Revenue Service (I.R.S.) status, etc. since the date of your last reporting?  Yes  No  
 If "Yes," please provide the details on a separate sheet of paper, and provide copies of the documentary proof of a name change (example: amendment to incorporation) and/or a copy of the letter of determination from the I.R.S. regarding the tax-exempt-status changes.

- 9a. Is the organization a chapter or local unit of a parent organization?  Yes  No  
 If "Yes," write in the full name, address and phone number (include the area code) of the parent organization. Please do not use abbreviations.

10. Purpose for which the organization was created (write in or attach a statement to this registration):  
SEE ATTACHED RIDER #1

- 10a. Does the organization solicit or intend to solicit contributions from the general public in the State of New Jersey (including through the sale of merchandise)?  Yes  No  
 If "Yes," explain the purpose for which solicited funds are being raised (write in or attach a statement to this registration):  
SEE ATTACHED RIDER #1

- 10b. Does the organization solicit funds under any other name(s)?  Yes  No  
 If "Yes," please attach to this registration a list of all other names used: \_\_\_\_\_

11. Does the organization register or solicit in other states?  Yes  No  
 If "Yes," please indicate other states here or, if necessary, attach to this registration a list of those states. New York

- 11a. Has the organization ever been enjoined in any jurisdiction from soliciting contributions or has it been found to have engaged in unlawful practices in the solicitation of contributions or the administration of charitable assets?  Yes  No  
 If "Yes," list the jurisdiction and attach copies all of the relevant documents. \_\_\_\_\_

- 11b. Has the organization's charity registration been denied, suspended or revoked by any jurisdiction or state?  Yes  No

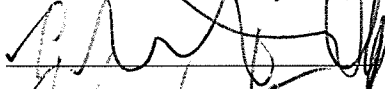
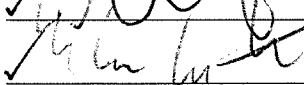
- 11c. Has the organization voluntarily entered into an assurance of voluntary compliance agreement or any similar order or legal agreement with any jurisdiction, state or federal agency or officer?  Yes  No

12. If the answer to 11a, 11b or 11c is "Yes," please attach to this registration a statement that provides the details of the action, together with the reason(s) for that denial, suspension, revocation, injunction, compliance agreement etc., including the state or jurisdiction involved, the dates and full copies of all related documents. **NOT APPLICABLE**  
 Indicate the attachment of documents to this Registration/Verification Statement by checking this box:
13. Is the organization currently I.R.S. tax-exempt?  Yes  No  
 If "Yes," under which section of the code? 501 (c) (3)
14. Has the organization's tax-exempt status been revoked, changed, or refused by the I.R.S.?  Yes  No  
 If "Yes," please attach to this registration a statement providing an explanation, including all of the facts, dates, and all letters and notices received from the I.R.S.
15. Has the organization used an independent paid fund-raiser, fund-raising counsel or commercial co-venturer?  Yes  No  
 If "Yes," for what purpose(s) are funds being raised? \_\_\_\_\_
- 15a. If the answer to question 15 is "Yes," write in or provide a separate listing of the name(s) of all independent paid fund-raiser(s), fund-raising counsel and/or commercial co-venturer(s): NOT APPLICABLE
16. Provide on a separate sheet of paper the name, title, street address, telephone number and salary of each officer, director and trustee, and the five most-highly compensated employees in the organization. **SEE RIDER #2**  
 Indicate the attachment of documents to this Registration/Verification Statement by checking this box:
- 16a. Has any person listed in the response to question 16 been adjudged liable in any administrative or civil action, or been convicted in a criminal action involving theft, fraud or deceptive business practices?  Yes  No  
 If the response is "Yes," please provide all of the details on a separate sheet and also attach to this registration a copy of the order, judgment or other document(s) indicating final disposition of the matter.

**Please note:** For the purpose of question 16a, a plea of guilty, non vult, nolo contendere or any similar disposition of the alleged activity shall be deemed a conviction. A judgment of liability in an administrative or civil action would include a finding or admission that the individual engaged in an unlawful practice relating to the solicitation of contributions or the administration of charitable assets.

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 E. Martin Davidoff Title President Date 12/22/16  
 Signature  Name Glenn M. Garlatti Title Treasurer Date 11-22-16

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

# CRI-200 Short-Form Registration Verification 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.*

<b>Full legal name and street address of the organization</b>				
Full legal name: <u>Make A Smile Foundation, Inc.</u>				
Fiscal year-end being reported: <u>06/30/2016</u>		Federal ID Number (EIN) <u>20-0441773</u>		
<small>month    day    year</small>				
Mailing address:				
<u>P.O. Box 555</u>	<u>Dayton, New Jersey</u>	<u>08810</u>		
<small>Mailing Address</small>	<small>P.O. Box Number or Suite</small>	<small>City</small>	<small>State</small>	<small>ZIP Code</small>
Street address of the registering organization: <u>353 Georges Road, Suite K Dayton, NJ 08810</u>				
<small>Street Address</small>		<small>City</small>	<small>State</small>	<small>ZIP Code</small>
New Jersey Charities Registration number: CH <u>315300-00</u>		Telephone number: <u>732-274-1600</u>		
		<small>(include area code)</small>		

In lieu of completing the lower portion of this page, please find a copy of the I.R.S. 990 form filed for the fiscal year-end being reported, attach to this Registration/Verification Statement.

## A. Revenue

Line A1. Contributions & Donations: Includes but is not limited to individual and corporate contributions, donations, legacies, bequests and gross receipts from fundraising:		
A1a. Direct Public Support .....	5,980	
A1b. Indirect Public Support (including donations from other charities).....	4,271.94	
<b>A1c. Gross Contributions</b> (add lines 1a and 1b) .....	<b>10,251.94</b>	
Line A2. Government Grants .....		0
Line A3. Other Income		
A3a. Membership dues and assessments .....	0	
A3b. Interest and dividends .....	0	
A3c. Program service revenue .....	0	
A3d. Gain from sale of assets .....	0	
A3e. Other income (please specify on a separate statement): .....	0	
A3f. Donations from founder(s) of private foundation .....	n/a	
A3g. Total other income .....	0.00	
Line A4. <b>Total Gross Revenue</b> (add lines A1c, A2 and A3g) .....		<b>10,251.94</b>

## B. Expenses

Line B1. Program .....	9,441.93	
Line B2. Management, office and general expenses .....	78.90	
Line B3. Fund-raising expenses .....	98.00	
Line B4. Payments to state/national affiliates (if applicable) .....	0	
Line B5. <b>Total Expenses</b> (add lines B1, B2, B3 and B4) .....		<b>9,618.83</b>

## C. Excess or Deficit

Line C1. Excess or deficit for the year-end noted above (subtract line B5 from A4): .....	633.11
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**Please Note:** The amount of Gross Contributions (line A1c 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 ontributions are less than \$10,000. Further information for charity registrants may be found on our Web site: <http://www.njconsumeraffairs.gov/ocp/charities.htm>

**Make A Smile Foundation, Inc.**  
**EIN# 20-0441773**  
**NJ Charities Registration # CH-315300**

**Form CRI-200**  
**RIDER #1**

**Item 10**

Said corporation is organized exclusively for charitable, religious, educational, and scientific purposes, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code.

Although the corporation is hereby entitled to carry out any activity that satisfies the purpose set forth in the paragraph above, it is intended that the primary purpose of the organization shall be to carry out programs for the benefit of underprivileged children.

**Item 10a**

Make A Smile Foundation, Inc. provides events at various times during the year for underprivileged children to participate in shopping sprees where they select clothing or toys, and then enjoy a small party. These events typically take place at a retail store who donates a meeting space for the event. At our Spring and Fall Shopping Sprees children are allowed to choose up to \$60 in clothes. During the Holiday Shopping Spree and Party the children are allowed to choose up to \$37 in toys and games (These are the amounts for 2015. The amounts usually increase annually). When a child has chosen their clothes or toys and games (depending on the type of event), they go to the register with a volunteer who pays for the items chosen and then gives any change to the child.

Before and after the children shop, the group gathers for a party where donuts, fruit, juice and milk are served. At the clothing events the children color and sing songs with the volunteers. At the event held in December each year, the children also receive gifts from Santa and have the opportunity to have their picture taken with Santa to take home with them.

The funds raised will be used to purchase clothes, toys, provide funds for the shopping spree, and to fund the expansion of the charity's programs.

**Make A Smile Foundation, Inc.**  
**EIN# 20-0441773**  
**NJ Charities Registration # CH-315300**

**Form CRI-200**  
**RIDER #2**

**E. Martin Davidoff**  
**President, Assistant Secretary & Assistant Treasurer**  
P.O. Box 555  
Dayton, New Jersey 08810  
Phone: 732-274-1600  
\$0 Compensation

**Glenn M. Garlatti**  
**Secretary & Treasurer**  
69 JFK Drive  
Milltown, New Jersey 08850  
732-220-0747  
\$0 Compensation

**Joseph F. Bubnis, Jr.**  
**Vice President & Assistant Secretary**  
214 North Moetz Drive  
Milltown, New Jersey 08850  
732-246-3096  
\$0 Compensation

**Sandra L. Lockner**  
35 Albert Avenue  
Milltown, New Jersey 08850  
732-247-2045  
\$0 Compensation

**Melanie A. Patrick**  
11 Spruce Road  
Hightstown, NJ 08520  
609-371-0575  
\$0 Compensation

The organization does not provide a salary to any officer or trustee and does not have any employees.