



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

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.

1. This statement is an Initial or Renewal Registration: **Initial**
- 1b. This statement contains the facts and financial information for the fiscal year ending: **12/31/2023**
2. Federal ID Number: **934920274** 2a. N.J. Charities Registration Number:
3. Full legal name of the registering organization: **CAPS FOR COURAGE**
In care of: **RACHEL WHEELER**
4. Mailing Address: **1710 WATCHUNG AVENUE, PLAINFIELD, NJ 07060**
5. Physical Address: **Rachel Wheeler 1710 Watchung Avenue**

Plainfield, NJ 07060

Same as Mailing Address: Yes

6. 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.

Address: **1710 Watchung Avenue, Plainfield NJ 07060**

7. Organization's contact information:

Telephone: **(918) 214-6116**

Fax:

Email: **huckabeerachel@gmail.com**

Website:

IRS501C: **501 (c) (3)**

Tax Status: **Exempt**

IRS Ruling Year: **2023**

Date of Entity Formation: **11/05/2023**

NTEE Code: **E70 - Public Health Program (Includes General Health and Wellness Promotion Services)**

Charity type: **Unclassified**

State Entity: **NJ**

Type of Entity: **Other**

D.B.A.:

OLD D.B.A.:

Charity Formerly Known As:

Old Corporate Name:

8. a) Were all of the organization's functions, including fund-raising, conducted by volunteers, members, officers or persons who are not compensated for soliciting contributions? **Yes**
- b) Is the organization 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? **No**
- c) Does the organization solicit on behalf of a specified individual, and are all contributions, without any deductions what so ever, turned over to this beneficiary? **No**
- d) Is the organization 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? **No**
- e) Is the organization a private foundation that raised less than \$25,000 in public contributions? **No**
9. Is the organization a chapter or local unit of a parent organization? **No**

Parent Charity Name

NJ Charity # of the Parent Organization

10. If not tax exempt, has the organization made application to the IRS? **No**
11. Has the organization's IRS tax-exempt status been revoked, changed or refused by the IRS during the fiscal year end being reported? **No**

12. Was the organization's legal name changed, or were any alternate names added or deleted during the fiscal year end being reported? **No**

13. 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? **No**

14. What is the charitable purpose or purposes for which the organization was formed: **Provide hats/caps for chemo patients**

14a. 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)? **No**

If "Yes," explain the purpose for which solicited funds are being raised:

14b. Does the organization solicit funds under any other name(s)? **No**

If "Yes," please attach to this registration a list of all other names used.

15. Does the organization have any offices in New Jersey in addition to the ones listed above?
No

16. Has the organization used a commercial co-venture? **No**

16a. Please describe the purpose for which the funds are being raised.

16b. Please enter the names of all PFR's and Commercial co-ventures.

PFR OR Conventure	Business Name

17. Does the organization register or solicit in other states? **No**
States:

State

17a. 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? **No**

17b. Has the organization's charity registration been denied, suspended or revoked by any jurisdiction or state?
No

17c. 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? No

Enter the name, title, street address, telephone number and salary of each officer, director and trustee.

Name	Business Address	Telephone Number	Title	Salary
Rachel Wheeler	1710 Watchung Avenue	9182146116	Officer	\$0.00
Allison Owens	18000 Marea Dr	(405) 696-3672	Officer	\$0.00
Adam Huckae	5329 Mitschang Court	(536) 766-5768	Officer	\$0.00

18. Do you have any compensated employees? **No**

Five most-highly compensated employees in the organization

Name	Title	Street Address	Telephone	Salary
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19. 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?
No

CRI-200 Short-Form Registration Verification Financial 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. Gross Direct Public Support **\$500.00**
- A1b. Gross Indirect Public Support (including donations from other charities). **\$0.00**
- A1c. Gross Fund Raising and Gaming Income **\$0.00**
- A1d. Gross Contributions **\$500.00**

Line A2 Government Grants **\$0.00**

- A3a. Program service revenue **\$0.00**
- A3b. Other Support **\$0.00**

Line A4. Total Gross Revenue **\$500.00**

B. Expenses

Line B1. Program Expenses..... **\$0.00**

Line B2. Management Expenses **\$0.00**

Line B3. Fund-raising Expenses **\$0.00**

Line B4. Affiliate Expenses **\$0.00**

Line B5. Total Expenses (add lines B1, B2, B3 and B4) **\$0.00**

C. Net Assets

Line C1. Net Assets **\$500.00**

Did you use a Professional Fund Raiser? **No**

Have Bylaws changed since last registration? **No**

Has IRS filing status changed since last reg? **No**

Has Charity Have Articles of inc. changed since last reg? **No**

Has Charity changed their name since last reg? **No**