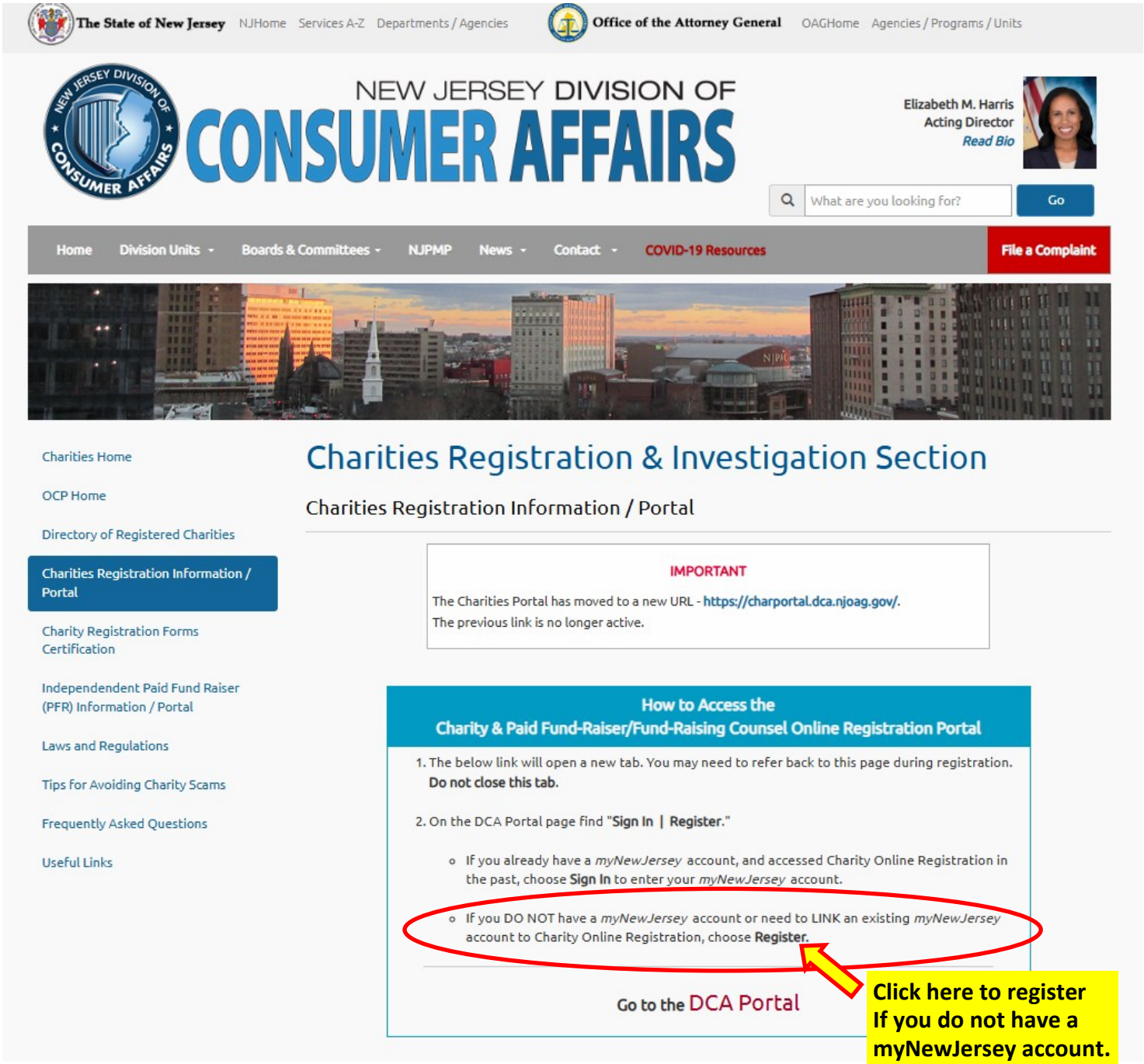
First step - register on the NJ Division of Consumer Affairs portal:

Pages - Charities Registration & Investigation Section

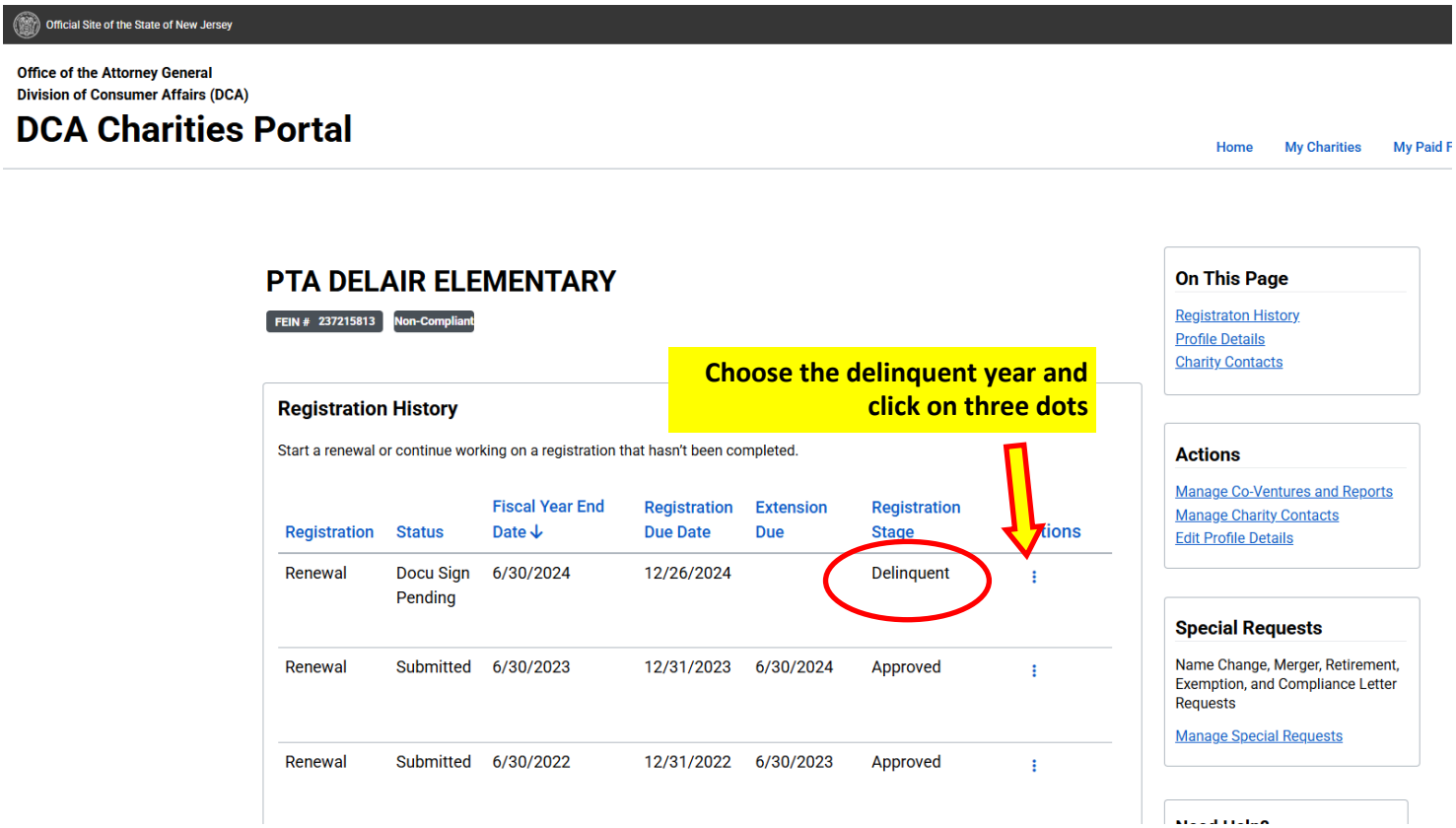
BE SURE TO USE A PERSONAL EMAIL ADDRESS!

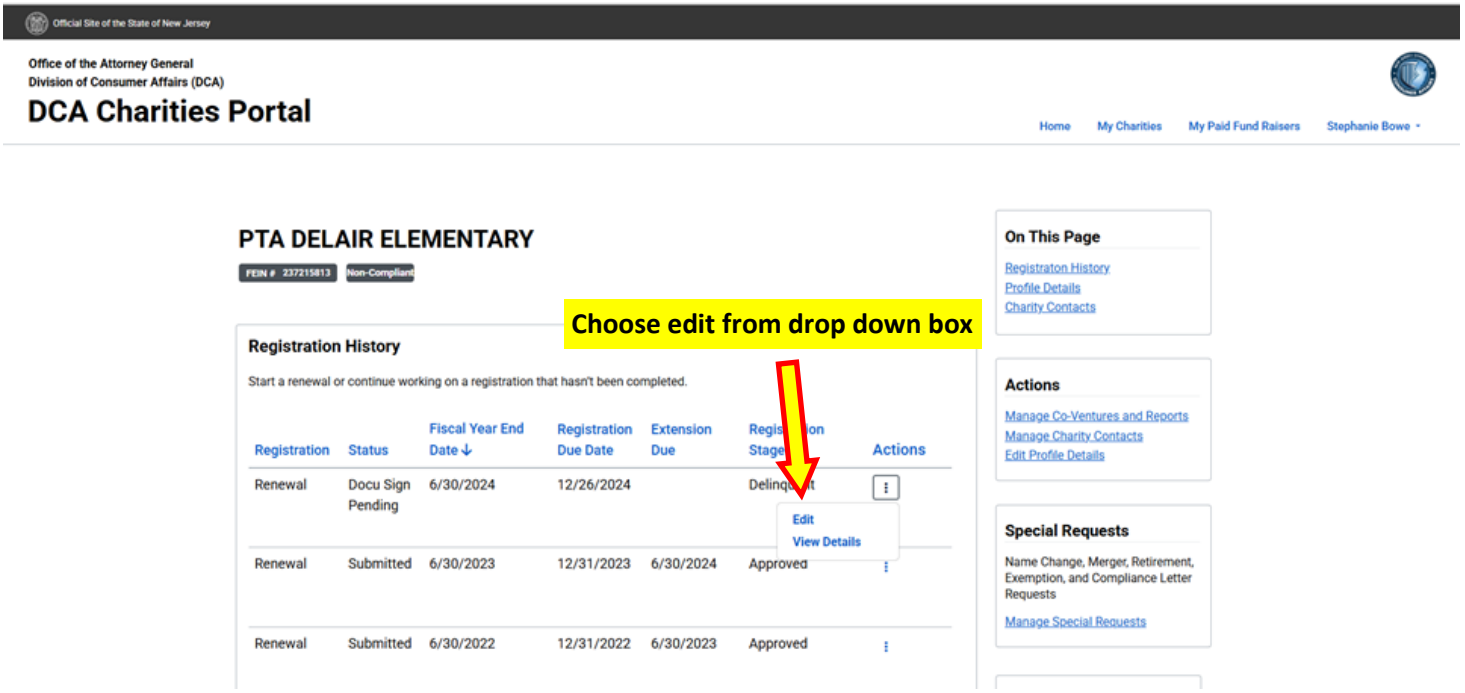
DO NOT USE YOUR GENERIC PTA EMAILS!



Click here to register If you do not have a myNewJersey account.

You will receive an email whenyou have been granted access.





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Office of the Attorney General
Division of Consumer Affairs (DCA)

DCA Charities Portal

1. Financial Statement | 2. Registration Details | 3. Contact Information | 4. Portal Access | 5. Supporting Documents | 6. Certification & Payment

Financial Statement

Summary

Before you begin we suggest that you have the completed financials for the fiscal year end which you will now be filing. Have the records with you as you begin to fill out this page.
Required fields [*]

Fiscal Year End Date (FYE) *

6/30/2024

Fiscal year end (FYE) is the date your organization closes its accounting books.

Choose the correct fiscal year

Has the organization's Bylaws changed?
(•) No ( ) Yes

Has the organization's articles changed?
(•) No ( ) Yes

Has the organization's IRS Filing Status Changed?
(•) No ( ) Yes

Has the organization's name changed?
(•) No ( ) Yes

Answer 'no' to these questions

Revenue

Please report all revenue figures as gross whole numbers. If no value, enter a zero.
Required fields [*]

Contributions & Donations

Includes but is not limited to individual and corporate contributions, donations, legacies, bequests, and gross receipts from fundraising.

Gross Direct Public Support
$ 0

Public contributions are contributions

Enter direct donations here

Gross Indirect Public Support
$ 0

Indirect contributions include but are not limited to income from a related organization or other fund raising charities.

Enter '0'

Gross Fund Raising and Gaming Income
$ 0

Can include but is not limited to incon

Enter total amount brought in from fundraising

Total Sub Contributions
$ 0

In-Kind Contributions
$ 0

Enter '0'

Total Gross Contributions
$ 0

Other Income

Membership dues and assessments, interest and dividends, program service revenue, gain from sale of assets, donations from founder(s) of private foundation.

Government Grants
$ 0

Funds granted to the charity by a municipal, county, state or federal agency.

Enter '0'

Program Service Revenue
$ 0

This is income derived from an organization's purpose such as a hospital's medical services.

Enter '0'

Other Support
$ 0

This figure includes but is not limited to membership dues, interest and dividends or funds from a private founder (must file 990PF).

Enter '0'

Total Gross Revenue
$ 0

Expenses

Please report all expense figures as whole numbers. If no value, enter a zero.
Required fields [*]

Program Expenses
$ 0
Money or services spent on the organization's mission & purpose. This may include research expenses or grants given out.

Enter the amount of money you spent on programs, events, trips, etc.

Management Expenses
$ 0

Enter the amount of money you spent on filing fees, application fees, supplies, etc.

Fund Raising Expenses
$ 0
Expenses incurred in soliciting contributions

Enter your fundraising expenses

Affiliate Expenses
$ 0
Money, dues or fees given to an organization's parent, state or national entity.

Enter the amount of money you paid in dues to NJPTA and to the Council PTA if you belong to one

Net Assets
$ 0
Net assets at the beginning of this FY minus changes in net asset or fund balances at the end of this fiscal year. Figures can be found on the 990 page 1, line 22 or the 990EZ page 1, line 21.

Enter the ending balance in your check register on June 30

Total Expenses
$ 0

Save & Continue

Click Save & Continue

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Registration Details

Common Questionaire

Required fields [*]

What is the charitable purpose for which the organization was formed? *
Child advocacy and parent education
Purpose of the charitable organization

Fill in these lines as you see here

Does the organization solicit or intend to solicit contributions from the general public in the of New Jersey (including through the sale of merchandise)? *
○ No ◉ Yes

Please explain the programs for which solicited funds are being raised. *
All funds are used to provide programs and events for the students of the school.
How solicited funds will be used

Name of the bank where the charitable funds are maintained. *

Enter the name of your PTA's bank

Were all of the organization's functions, including fund-raising, conducted by volunteers, members, officers or persons who are not compensated for soliciting contributions? *
○ No ◉ Yes

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? *
◉ No ○ Yes

Is the solicitation of contributions is confined to the organization's membership and performed by members of the organization? *
○ No ◉ Yes

Answer these questions as you see here

Does the organization solicit on behalf of a specified individual, and are all contributions, without any deductions whatsoever, turned over to this beneficiary? *
◉ No ○ Yes

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 ○ Yes

Does the organization have any offices in New Jersey in addition to the ones listed above? *
◉ No ○ Yes

Is the organization a private foundation that raised less than $25,000 in public contributions? *
◉ No ○ Yes

Paid Fund Raisers

Does the organization use an independent paid fund raiser or fund raising counsel to solicit or provide services in the state of New Jersey? *

(•) No ( ) Yes

Charity Aliases

Required fields [*]

Does the organization solicit funds under any other name(s)? *

(•) No ( ) Yes

States the Charity Solicits In

Required fields [*]

Does the organization register or solicit in other states? *

(•) No ( ) Yes

Answer no to these questions

Commercial Co-ventures

"Commercial co-venturer" means any person, including, but not limited to, any assignee, subcontractor, independent contractor or successor in interest who, for profit or other consideration, is regularly and primarily engaged in trade or commerce other than in connection with the raising of funds or any other thing of value for a charitable organization, and who advertises that the purchase or use of his or her goods, services, entertainment or any other thing of value will benefit a charitable organization. See N.J.A.C. 13:48-1.3 for more information.

Required fields [*]

Has the organization used a commercial co-venture? *

(•) No ( ) Yes

Parent Organization

Required fields [*]

Answer 'yes' here

Is the organization a chapter or local unit of a parent organization? *

( ) No (•) Yes

"Parent organization" means a charitable organization which charters or affiliates local units under terms specified in the charitable organization's charter, articles of organization, agreement of association, instrument of trust, constitution or other organizational instrument or bylaws. See N.J.A.C. 13:48-1.3 Definitions for more information.

Click on the magnifying glass

Parent Charity

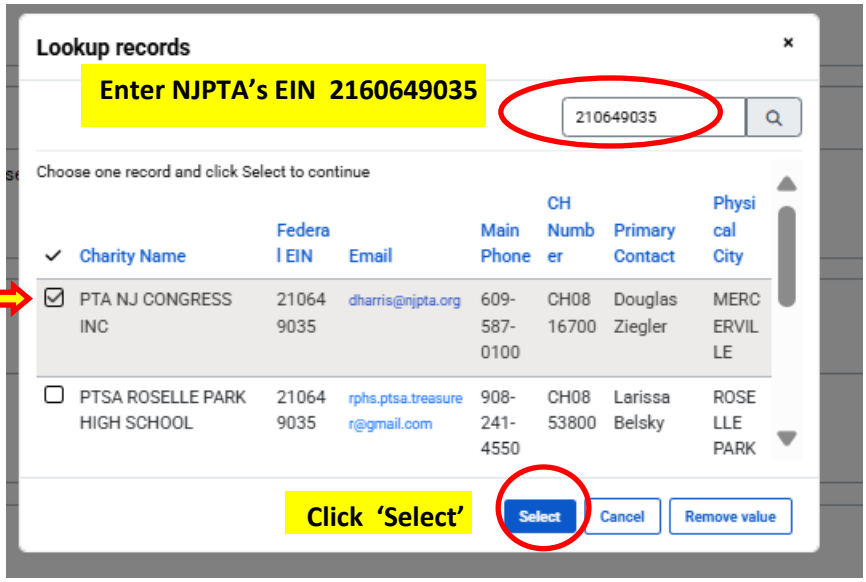
PTA NJ CONGRESS INC

Does the organization have any local chapter or units they would like to register for provided that the chapter/unit did not receive gross contributions in excess of $25,000 and/or did not use a paid fundraiser? *

(•) No ( ) Yes

When you click the magnifying glass the box below will appear

Select PTA NJ CONGRESS INC



Affiliate Organizations

Required fields [*]

Does the organization have affiliates which share the contributions or other revenue it raised in New Jersey? *

(•) No ( ) Yes

Compensated Employees and Officers

Please report all expense figures as whole numbers. If no value, enter a zero.
Required fields [*]

Do you have any compensated employees, officers, directors or trustees? *

(•) No ( ) Yes

Answer yes to this question even though you do not have compensated employees. Fill in the president's information and enter '0' for salary

Legal Formation and Tax Status Changes

Required fields [*]

Is the organization currently I.R.S. tax-exempt? *

( ) No (•) Yes

Has the organization's IRS tax-exempt status been revoked, changed or refused by the IRS during the fiscal year end being reported? *

(•) No ( ) Yes

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 ( ) Yes

Answer all questions as you see here

CRI Form

Your organization qualifies for the CRI-200 Short Form registration.
Required fields [*]

Legal Offenses and Compliance

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? *

(•) No ( ) Yes

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? *

(•) No ( ) Yes

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? *

(•) No ( ) Yes

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? *

(•) No ( ) Yes

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Contact Information

Are you a Third Party Agent or Primary Contact from the charitable organization? *

(•) Primary Charity Contact ( ) Third Party Agent

CHARITY OFFICERS

All registrations must be signed by two authorized officers, including the chief fiscal officer of the organization, who shall certify that all information contained in the registration statement is correct. See N.J.A.C. 13:48-5.3(b)(e) and N.J.A.C. 13:48-4.1(f) for more information.The second authorized officer will be required to sign this registration statement with the chief fiscal officer. See N.J.A.C. 13:48-5.3(b)(e) and N.J.A.C. 13:48-4.1(f) for more information.
Required fields [*]

Authorized Chief Fiscal Officer * **Treasurer**

Secondary Authorized Officer * **President**

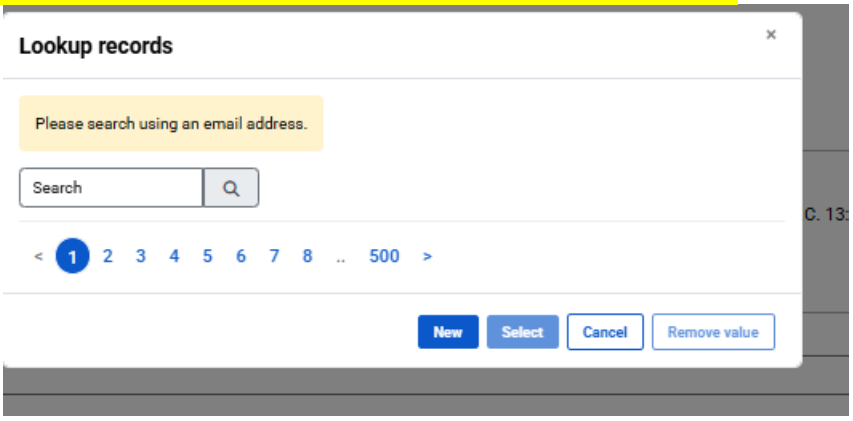
You cannot just enter the names in the spaces, you must click on the magnifying glasses to search

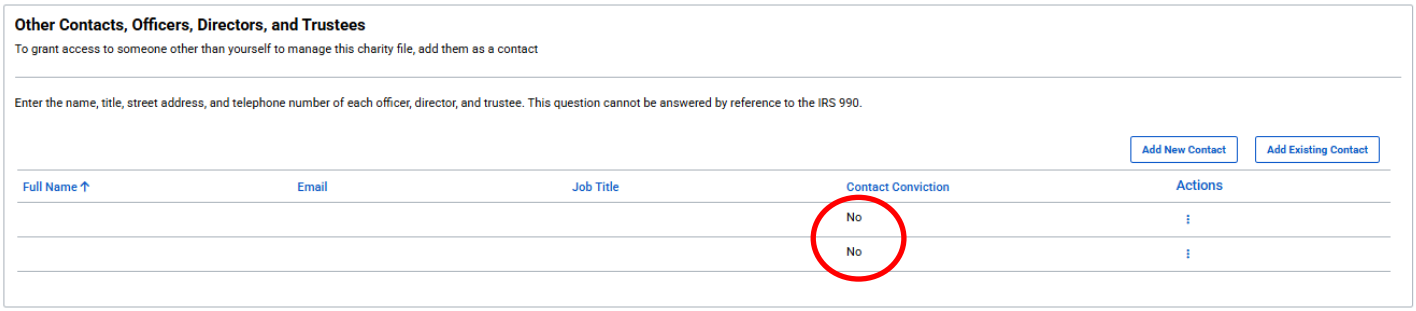
CHARITY CONTACT INFO

A primary charity contact is an employee or officer of the charity with portal access. At least one (1) contact on the registration must be from the charitable organization.
Required fields [*]

Primary Contact *

When you click the magnifying glass the box below will appear. Search for treasurer's and president's nformation





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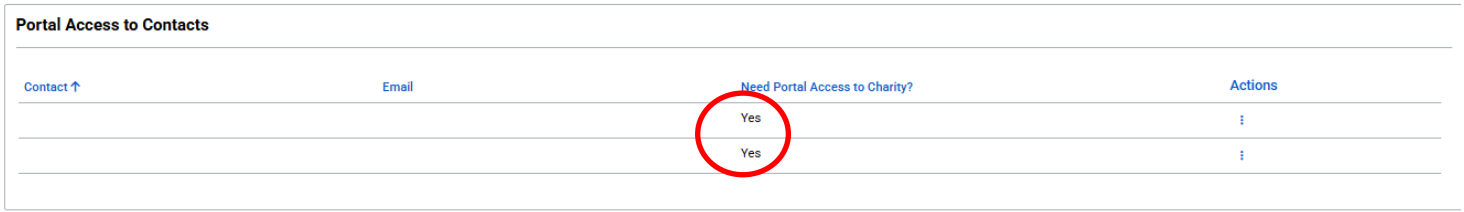
Portal Access



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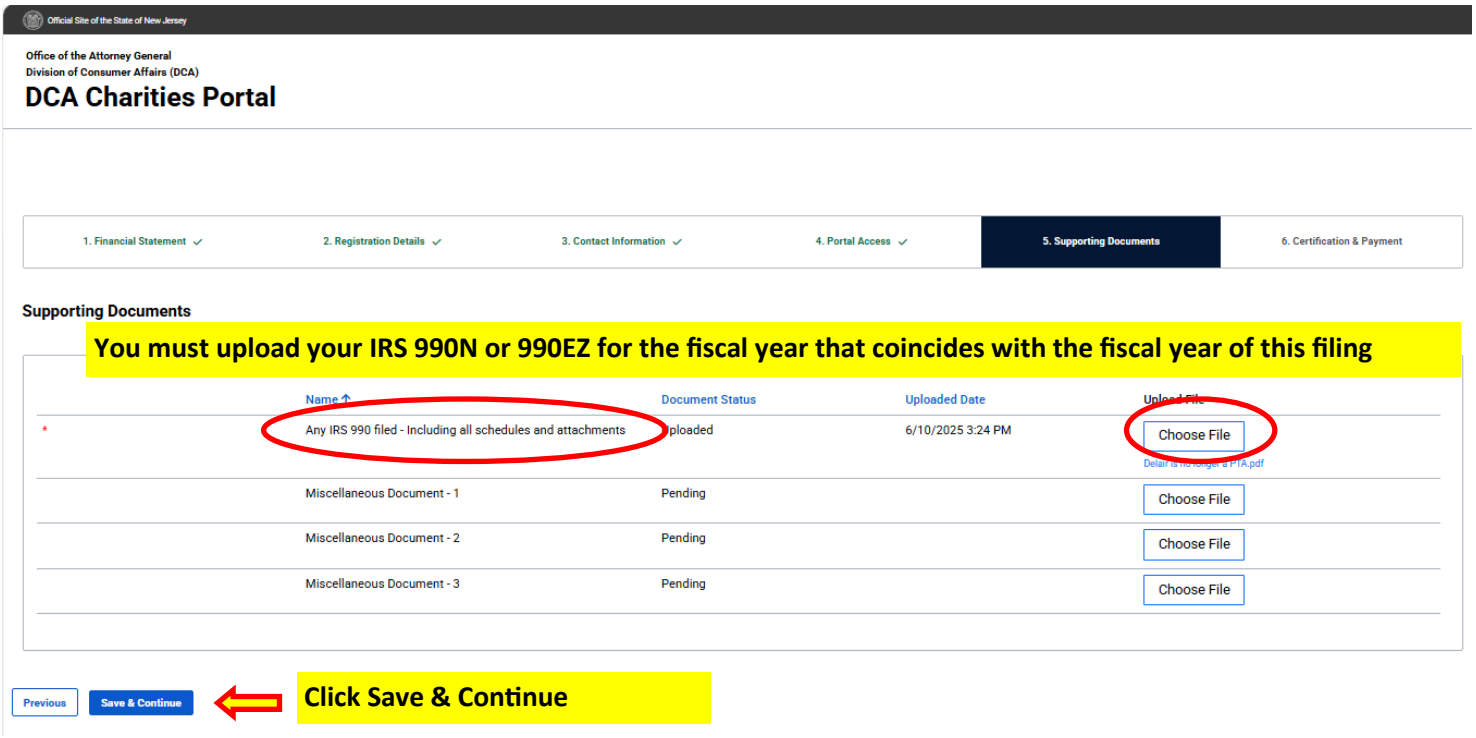
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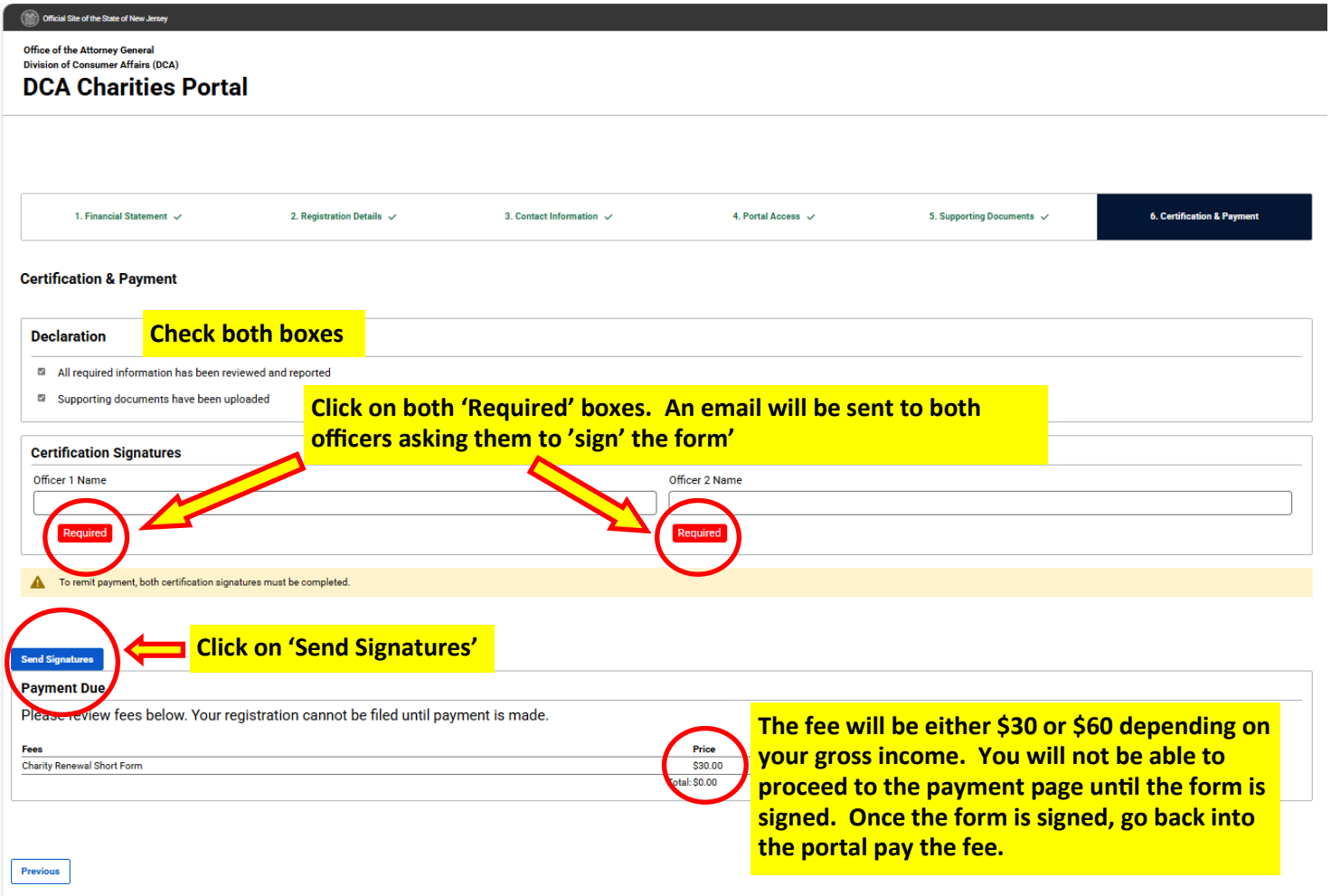
Supporting Documents
You must upload your IRS 990N or 990EZ for the fiscal year that coincides with the fiscal year of this filing
Name
Document Status
Uploaded Date
Any IRS 990 filed - Including all schedules and attachments
Uploaded
6/10/2025 3:24 PM
Choose File
Miscellaneous Document - 1
Pending
Choose File
Miscellaneous Document - 2
Pending
Choose File
Miscellaneous Document - 3
Pending
Choose File
Previous
Save & Continue
Click Save & Continue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Certification & Payment
Declaration
Check both boxes
All required information has been reviewed and reported
Supporting documents have been uploaded
Click on both 'Required' boxes. An email will be sent to both officers asking them to 'sign' the form'
Certification Signatures
Officer 1 Name
Officer 2 Name
Required
Required
To remit payment, both certification signatures must be completed.
Send Signatures
Click on 'Send Signatures'
Payment Due
Please review fees below. Your registration cannot be filed until payment is made.
Fees
Price
Charity Renewal Short Form
$30.00
Total: $0.00
The fee will be either $30 or $60 depending on your gross income. You will not be able to proceed to the payment page until the form is signed. Once the form is signed, go back into the portal pay the fee.
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