



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-300R

Long-Form Renewal Registration/Verification Statement

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.

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1. This statement is an Initial or Renewal Registration: **Renewal**
 - 1b. This statement contains the facts and financial information for the fiscal year ending: **12/31/2020**
 2. Federal ID Number: **216019161** 2a. N.J. Charities Registration Number: **CH1035500**
 3. Full legal name of the registering organization: **BELMAR FIRST AID SQUAD INC**
In care of: **Francis Hines**
 4. Mailing Address: **PO BOX 636, BELMAR, NJ 07719-0636**
 5. Physical Address: **Francis Hines 414 9TH AVE.**

BELMAR, NJ 07719

Same as Mailing Address: No

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: **414 9th Ave, BELMAR NJ 07719-0636**

7. Organization's contact information:

Telephone: **(732) 681-1359**

Fax:

Email: **info@belmarfirstaid.com**

Website: **http://www.belmarfirstaid.com**

IRS501C: 501 (c) (3)

Tax Status: Exempt

IRS Ruling Year: 1997

Date of Entity Formation: 06/12/1928

NTEE Code: E62 - Ambulance, Emergency Medical Transport Services
Rescue

Charity type:

State Entity: NJ

Type of Entity: Nonprofit corporation

D.B.A.:

Charity Formely 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? No
- 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: **Emergency Medical Services**

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)? **Yes**

If "Yes," explain the purpose for which solicited funds are being raised: **Fundraising for operations of the organization**

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?

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 Name

18. Does the organization have affiliates which share the contributions or other revenue it raised in New Jersey?
No

Charity Affiliates

19. Does the independent paid fund-raiser or fund-raising counsel have custody, control or access to the organization's funds?
No

19a. Please Describe the Situation

20. 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
21. 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**
22. 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. **No**
23. 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**
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24. 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. **No**

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

Name	Business Address	Telephone Number	Title	Salary
Richard Hines	PO Box 636	(732) 681-1359	President	\$0.00
Jack Leonard	PO Box 636	(732) 681-1359	Vice President	\$0.00
Francis Hines	PO Box 636	(732) 681-1359	Treasurer	\$34,977.00
Mike Provenzano	PO Box 636	(732) 681-1359	Secretary	\$0.00

25. Do you have any compensated employees? **Yes**

Five most-highly compensated employees in the organization

Name	Title	Street Address	Telephone	Salary
Leeann J Pearce	EMT			\$26,160.25

Robert DeMartin	EMT/Operations Manager			\$21,199.75
Kenneth Sprague	EMT			\$19,612.00
Katelyn A Pearce	EMT			\$17,144.70
Jack A Lyttle	EMT			\$15,185.80

26. 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**
- b) Any officers, agents or employees of any fund-raising counsel or independent paid fund-raiser under contract to the organization? **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? **No**

27. 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? **No**

CRI-300R Long-Form Registration Renewal 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 **\$73,292.00**
A1b. Gross Indirect Public Support (including donations from other charities). **\$0.00**
A1c. Gross Fund Raising and Gaming Income **\$0.00**
A1d. Gross Contributions (add lines 1a, 1b and 1c) **\$73,292.00**

Line A2 Government Grants **\$95,493.00**

A3a. Program service revenue **\$165,480.00**

A3b. Other Support\$35,642.00

Line A4. Total Gross Revenue (add lines A1c, A2 and A3) \$369,907.00

B. Expenses

Line B1. Program Expenses..... \$341,519.00

Line B2. Management Expenses \$103,951.00

Line B3. Fund-raising Expenses \$7,718.00

Line B4. Affiliate Expenses \$0.00

Line B5. Total Expenses (add lines B1, B2, B3 and B4) \$453,188.00

C. Net Assets

Line C1. Net Assets \$273,821.00

Did you use a Professional Fund Raiser? Yes

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**

Belmar First Aid Squad
N.J. Charities Registration Number: CH-1035500
Federal ID Number: 21-6019161
2020 NJ CRI-300

Question 15 - Professional fundraiser

Municipal Marketing Services
1038 Perry Highway
Pittsburgh, PA 15237-2122
Phone : 412-366-3538
Fax : 412-367-0189

NJ Registration Number: PFR0024200

Contact: Tom Mooney, Account Executive
1-800-666-2274

Belmar First Aid Squad
N.J. Charities Registration Number: CH-1035500
Federal ID Number: 21-6019161
2020 NJ CRI-300

Relationships

Francis Hines, Treasurer and Richard Hines , Vice President, are brothers.

Francis Hines, Treasurer and Jeannie Hines, Bookkeeper are married.

Leann J Pearce, Highest Compensated Employee and Katelyn A Pearce, Highest Compensated Employee, are mother and daughter.

Certification

Form CRI-150I, CRI-300R, CRI-200

This Registration Form must be authorized by two (2) officers of the organization, one being the Chief Financial Officer or Treasurer.

First Authorization:

I understand that this registration is being issued at the discretion of the New Jersey 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. I also understand that I may be required to provide additional information if requested.

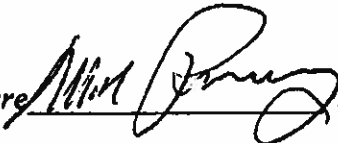
I hereby certify that the information contained in this registration and the attached financial schedule(s) and statement(s) are true. I am aware that if any of the above statements are willfully false, I am subject to punishment.

Signature  Name Francis Ainos Title Director
Treasurer Date 2/5/2021

Second Authorization:

I understand that this registration is being issued at the discretion of the New Jersey 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. I also understand that I may be required to provide additional information if requested.

I hereby certify that the information contained in this registration and the attached financial schedule(s) and statement(s) are true. I am aware that if any of the above statements are willfully false, I am subject to punishment.

Signature  Name Michael Povinelli Title Secretary Date 2/5/2021
