

RENEW REGISTRATION – REVIEW & SUBMIT

Please review this information carefully to ensure it is correct. Use the **Menu** on the left to go back to any step in this process.

Your annual registration renewal fee will be calculated based on your Gross Annual Revenue and shown on the next page along with directions for submitting a payment online using your checking account.

NAME AND ADDRESS OF ORGANIZATION**NATIONAL HARM REDUCTION COALITION**

243 5TH AVE, BOX 529
NEW YORK, NY 10016
grover@harmreduction.org
7735803348

REGISTRATION FOR RENEWAL**Charity Registration**

Registration Number:	094696	Registration Status:	Current
Date Issued:	12/31/2005	Renewal Due Date:	5/15/2025
DBA:			

FORM RRF-1 DATA PART 1 - FOR FEE CALCULATION

Gross Annual Revenues	8608979
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FORM RRF-1 DATA PART 2

Question	Answer
For your most recent full accounting period beginning (MM/DD/YYYY)	01/01/2024
And ending (MM/DD/YYYY)	12/31/2024
Noncash Contributions (whole dollars - do not round)	16000
Total Assets (whole dollars - do not round)	6279268
Program Expenses (whole dollars - do not round)	5664540
Total Expenses (whole dollars - do not round)	65583528
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest?	N
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?	N
3. During this reporting period, were any organization funds used to pay any penalty, fine or judgment?	N
4. During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?	N
5. During this reporting period, did the organization receive any governmental funding?	Y
6. During this reporting period, did the organization hold a raffle for charitable purposes?	N
7. Does the organization conduct a vehicle donation program?	N
8. Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?	Y
9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?	N
Electronic Signature of Authorized Agent (name of person completing this report)	Sondra Grover
Title of Authorized Agent	Chief Financial Officer

ATTACHED DOCUMENTS

The document below named "OnlineFiling_[Reg#].pdf" with Document Type "Online Renewal Submission" is generated by the system to preserve the data you entered. You will be able to view and download it using the [Registry Search Tool](#) after your filing is reviewed. You may also use the **Print** button to save a copy of this page.

Document Name	Document Type
CA RRF NHRC FY24 AUDIT.pdf	Audited Financial Statement ▼
2024 Form 990 - NHRC CA RRF No Schedule B.pdf	IRS Form 990 or Form CT-TR-1 ▼
CA RRF NHRC Explanation for Government Grants.pdf	Explanations For Yes Answers ▼
OnlineFiling_094696.pdf	Online Renewal Submission ▼

ATTESTATION

Having typed my name as shown above in the **Electronic Signature of Authorized Agent** field and by submitting this report electronically, I certify under penalty of perjury to the following: (a) I have examined this report including accompanying attached documents listed above, and to the best of my knowledge the content thereof is true, correct, and complete; (b) I am authorized to sign and submit this report and all accompanying attached documents on behalf of the registrant; (c) I understand an electronic signature has the same legal effect as a hand-written signature; and (d) I understand that submitting this report through the Registry's Online Renewal System (eGov) is optional and that I have the alternative option of signing and submitting this report and all attachments through a non-electronic method.

Select **Confirm & Calc. Fee** to agree and proceed.