

# CHAR500

NYS Annual Filing for Charitable Organizations  
www.CharitiesNYS.com

Send with fee and attachments to:  
NYS Office of the Attorney General  
Charities Bureau Registration Section  
120 Broadway  
New York, NY 10271

**2013**  
Open to Public  
Inspection

## 1. General Information

For Fiscal Year Beginning (mm/dd/yyyy) <u>01</u> / <u>01</u> / <b>2013</b> and Ending (mm/dd/yyyy) <u>12</u> / <u>31</u> / <u>2013</u>		
Check if Applicable: <input type="checkbox"/> Address Change <input type="checkbox"/> Name Change <input checked="" type="checkbox"/> Initial Filing <input type="checkbox"/> Final Filing <input type="checkbox"/> Amended Filing <input type="checkbox"/> Reg ID Pending	Name of Organization: Coalition Against Rising Energy Cost CARECO Inc dba Intaction.org	Employer Identification Number (EIN): <u>113619452</u>
	Mailing Address: PO BOX 370599	NY Registration Number: <u>42-76-34</u>
	City / State / Zip: Brooklyn NY 11237	Telephone: 877-227-3103
	Website: www.intaction.org	Email: tony@intaction.org
Check your organization's registration category: <input checked="" type="checkbox"/> 7A only <input type="checkbox"/> EPTL only <input type="checkbox"/> DUAL (7A & EPTL) <input type="checkbox"/> EXEMPT		Find your registration category in the Charities Registry at <a href="http://www.CharitiesNYS.com">www.CharitiesNYS.com</a>

## 2. Certification

See instructions for certification requirements. Improper certification is a violation of law that may be subject to penalties.

*We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.*

President or Authorized Officer:

*[Signature]* Anthony Losquedo Director 8/1/14  
 Signature Title Date

*[Signature]* Jeremy Sumner Director/Treasurer 8-7-14  
 Signature Title Date

Chief Financial Officer or Treasurer:

## 3. Annual Reporting Exemption

Check the exemption(s) that apply to your filing. If your organization is claiming an exemption under the category (7A and EPTL only filers) or both categories (DUAL filers) that apply to your registration, complete only parts 1, 2, and 3, and submit the certified Char500. No fee, schedules, or additional attachments are required. If you cannot claim an exemption or are a DUAL filer that claims only one exemption, you must file applicable schedules and attachments and pay applicable fees.

- 3a. 7A filing exemption:** Total contributions from NY State including residents, foundations, government agencies, etc. did not exceed \$25,000 and the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during the fiscal year. Or the organization qualifies for another 7A exemption (see instructions).
- 3b. EPTL filing exemption:** Gross receipts did not exceed \$25,000 and the market value of assets did not exceed \$25,000 at any time during the fiscal year.

## 4. Schedules and Attachments

See the following page for a checklist of schedules and attachments to complete your filing.

- Yes  No 4a. Did your organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? If yes, complete Schedule 4a.
- Yes  No 4b. Did the organization receive government grants? If yes, complete Schedule 4b.

## 5. Fee

See the checklist on the next page to calculate your fee(s). Indicate fee(s) you are submitting here:	7A filing fee: \$ <u>0</u>	EPTL filing fee: \$ <u>0</u>	Total fee: \$ <u>0</u>	Make a single check or money order payable to: <b>"Department of Law"</b>
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**Form 990-N (e-Postcard) Summary**  
**(\*\*THIS IS NOT A FILEABLE FORM - FOR REVIEW PURPOSES ONLY\*\*)**

Tax period beginning 01/01/2013 and ending 12/31/2013

Organization's legal name  
**COALITION AGAINST RISING ENERGY COSTS IN  
D/B/A - INTACTION.ORG**

Employer ID number  
**11-3619452**

Other names used by organization (DBA)

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\_\_\_\_\_

Number and street (or P.O. box, if applicable)  
**PO BOX 370599**

Room/Suite

Telephone number  
**718-628-3779**

City or town, state or country and ZIP + 4  
**BROOKLYN, NY 11237**

Web address, if applicable \_\_\_\_\_

Check if organization is not a 509(a)(3) supporting organization and its gross receipts meets limits for the tax year .....

Check if organization is terminating (going out of business) .....

**Information regarding principal officer:**

Name  
**ANTHONY LOSQUADRO**

Street address  
**7 LAFAYETTE PLACE**

City, state or country and ZIP + 4  
**SEACLIFF, NY 11579**

COPY OF WITHIN PAPER  
RECEIVED

**AUG 05 2014**

NYS OFFICE OF THE ATTORNEY GENERAL  
CHARITIES BUREAU