

INITIAL CHARITY REGISTRATION APPLICATION AND INSTRUCTIONS

STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION
TELEPHONE: (860) 713-6170
EMAIL registration questions to: dcp.publiccharity@ct.gov

Office use only

STATE OF CONNECTICUT

INITIAL Charitable Organization Registration Application

All required information must be complete before application will be processed (This is a 3 page document, including instructions)

Do not use this registration application to renew a charitable organization registration

Mail Registration Fee & Application to: Dept. of Consumer Protection

**Attn: Public Charities Unit
165 Capitol Avenue
Hartford, CT 06106-1630**

Registration fee: \$50.00
Make payment payable to:
Treasurer, State of Connecticut

1. Full legal name of the registering organization:

Name: _____

2. Names, other than the name given above, under which funds will be solicited (attach a sheet if needed).

3. Email Address: _____ @ _____ All organizations must provide an email address.

4. Federal ID Number (EIN): -

5. Fiscal year end or the date your fiscal year will end (mm/dd/yy) _____ / _____ / _____

If you do not provide a date, we will use December 31

If you have not yet completed your first fiscal year end, no financial documents are required with your application

<p>6. Physical Address:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>City/Town State Zip Code</p> <p>(_____)</p> <p>Telephone No.</p> <p>_____</p> <p>Web-site</p>	<p>Mailing Address (If different):</p> <p>In Care of: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>City/Town State Zip Code</p> <p>(_____)</p> <p>Telephone No.</p>
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7. Where and date of when the organization was legally established? State: _____ Date: _____

8. Purpose of organization: _____ (attach a sheet if needed).

9. Has the organization applied for or been granted an IRS recognition of exemption status? Yes No

If yes, indicate, **Exempt 501 (c) code(s)** _____ and date of application _____ (even if pending)

10. Has the organization applied for or been granted an IRS Tax Exempt Status? Yes No

If approved, date of determination _____ (provide copy of IRS Federal Tax Exemption Letter)

If **IRS tax exempt status** is pending provide copy of the filed IRS 1023 form with this application.

If yes, is indicated for questions 11 through 20, attach a detailed explanation on a separate sheet and mark your answers for each line item as required.

- 11. Has an I.R.S tax exemption been refused, changed, revoked or modified? Yes No
- 12. Has there been any change in the organization's tax status with the IRS? Yes No
- 13. Has the organization solicited contributions in Connecticut during any year prior to submission of this application? Yes No
If **yes**, include a copy of the organization's most recently filed IRS 990, 990 EZ, 990 N or 990 PF and audit if required for such prior year in which the organization solicited in Connecticut, but was not registered.
- 14. Has the organization ever registered as a charity in Connecticut? Yes No

If **yes**, provide registration number(s) _____

- 15. Has the organization whose registration expired in Connecticut, solicited contributions in Connecticut during any year since its registration expired? Yes No

Questions 16 through 20 applies, to the organization, any of its officers, directors, board members, Staff or employees for fundraisers:

- 16. Been enjoined or otherwise prohibited by a government agency/court from soliciting? Yes No
- 17. Had its registration denied or revoked? Yes No
- 18. Has been subject of proceedings regarding any solicitation or registration? Yes No
- 19. Entered into a voluntary agreement of compliance with any government agency or in a case before a court or administrative agency? Yes No
- 20. Have any of the organization's officers, directors or principal executives been convicted of a misdemeanor or felony? Yes No
- 21. List the name, address & phone number of the organization's **Primary financial institution** _____

22.**Provide the names, title, address (street & P.O.) and telephone numbers of the **two signatories of this application below**.

We hereby certify under penalty of false statement that we are authorized to sign this document for the organization and that the information provided, including all attachments, is true and complete to the best of our knowledge.

Signature & Date

Print name

Title

Address

City/Town State Zip Code

(_____) _____
Telephone No.

Signature & Date

Print name

Title

Address

City/Town State Zip Code

(_____) _____
Telephone No.

****State Law requires that two persons sign this form****

General Instructions

Please type or print all requested information. If the space provided is insufficient please attach a separate sheet and number the response to correspond with each item number.

Any organization that solicits contributions for charitable purposes must register with the Department of Consumer Protection prior to the commencement of solicitation and must remain registered at all times during which it solicits funds in Connecticut.

Exempt organizations can qualify for exemption from registration if the organization meets one of the criteria for exemption as outlined on the Claim of Exemption from registration form CPC-54. To apply as an exempt organization you will need to complete the Claim of Exemption from Registration form. Do not use this application to apply for exemption from registration.

Non-exempt organizations will be required to file an annual IRS 990, 990EZ, 990N or 990PF and audit if it applicable following the close of each fiscal year and pay an annual registration fee. Registrations will expire after the last day of the eleventh month following the end of the organization's fiscal year end. If organization has not completed the first fiscal year end, no IRS form is required.

1. **Full legal name**, this is also the name that will appear on your certificate. Do not use a contact name.
2. **Names, in which funds will be solicited under**, other than the name provided on line item one.
3. **Email Address** is required. Office uses this method of contact to notify charities of approvals or deficiencies on pending applications or renewal status.
4. **Federal ID number (EIN), must be provided.** You must obtain a Federal ID before applying for a 501 (C) tax exempt status with the IRS.
5. **Fiscal year end or the date your fiscal year will end.** Provide the complete date of the fiscal year end your organization has selected and provided to the IRS. If you have not yet completed or obtained a date we will assign a fiscal year of December 31st until further notice. We must have a fiscal year end to determine your charity's registration expiration date. Registrations expire on the last day of the eleventh month after a fiscal year end. Your initial registration period may be less than one year.
6. **Physical address and mailing address, if different.** You may use a Post office box in addition to your charity's physical address. If the charity has representatives filing registrations on their behalf the charity may use the representing company's mailing address but must still provide the physical address of the charity's location.
7. **Where and date of when organization was legally established.** Indicate state of incorporation or originally established as an organization and date.
8. **Purpose of Organization.** Describe the purpose or mission and programs of the organization for which funds are solicited.
9. **IRS recognition of exemption status.** Provide code as granted by the IRS. If the charity has a pending application or will not be applying for a 501 (c) 3 or any 501 (c) charitable status with the IRS, the charity must not misrepresent its non-exempt status.
10. **IRS Tax Exempt Status.** If a charity does solicit before obtaining this status, the charity should not misrepresent its tax-deductible status. Information about tax exempt status can be obtained from the IRS by calling 1-800-829-FORM (3676) and ordering Publication 557, "Tax Exempt Status for Your Organization," or on the web at www.irs.gov. We urge you to seek professional advice.

Important: Line number 9 and 10: **Registration of a public charity with our office does not grant the organization a 501 (c) charitable recognition status nor a tax exempt status.**

11. **through 20. Answer all questions, do not leave unanswered** if it does not apply. If you answer yes, explain by attaching a separate sheet and mark your answers for each line item.
21. **Primary financial institution.** The primary financial institution is where the charity deposits donations and pays permissible expenses. List the name, address and telephone of the organization's primary financial institution.
22. **Signatures,** State law requires two signatories. Include name, title, address and telephone numbers.

Return completed form and attachments with the required registration fee to the address on the front of the application.
Do not include these instructions. Keep instructions for future your reference.