

STATE OF CONNECTICUT
INITIAL Charitable Organization Registration Application

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

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

2. Organization's Legal Name: _____
In Care of: _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Physical Address (if different): _____
City: _____ State: _____ Zip Code: _____
Tel. Number: (____) _____ Web Site URL: WWW _____
Federal Employer Identification Number (FEIN): _____
Exempt under Internal Revenue Code Section 501(c)(____) (insert code section if exempt)
Enter the date your last fiscal year ended or the date your first fiscal year will end (mm/dd/yy)
If you have not yet completed your first fiscal year end, no financial information is required with your application.

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

4. Is the organization incorporated? Yes No If YES, enter the State of incorporation: _____

5. **Required Attachments to this initial application form:**

- Attach a completed IRS Form 990, 990EZ or 990PF for your **most recently completed year**. You may attach the prior year IRS form if your most recently completed year end IRS form is not complete. An IRS form with a year end that is more than 23 month old cannot be used because the registration period plus any extension of time to register for that year has already passed. If you have not yet completed your first fiscal year end, no IRS form is required.

- In addition to the IRS Form mentioned above, an audit is required if gross revenue in excess of \$500,000 during the report year accompanying this application. The terms "audit" and "gross revenue" are explained in the instructions to this form.

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.

Signed: _____ Signed: _____
Printed Name: _____ Printed Name: _____
Title: _____ Title: _____
Date: ____/____/____ Date: ____/____/____

****STATE LAW REQUIRES THAT TWO PERSONS SIGN THIS FORM – See instructions on signatures****

CONNECTICUT INSTRUCTIONS

IMPORTANT: Please provide an email address to register. All the parts of this application must be filed at the same time. If any part of the application (the filing fee, this form, a copy of Form 990, 990EZ or 990PF and an audit if applicable) is missing, the application will not be accepted. If you have registration questions you may email them to CTCHARITYHELP@CT.GOV

Date Due: An initial application must be filed prior to the organization soliciting in Connecticut. Registrations expire on the last day of the fifth month after your fiscal year ends. Your initial registration period may be less than one year.

Fee: A check in the amount of \$50, payable to *Treasurer, State of Connecticut*, must accompany this application.

Financial Information: You must use an Internal Revenue Service Form 990 unless I.R.S. instructions allow you to use Form 990EZ. If however, the I.R.S. considers you to be a private foundation, you may use Form 990PF. Forms must be completed in accordance with I.R.S. instructions, ***unless I.R.S. instructions are superseded by Connecticut Special Instructions.*** All applicable schedules and attachments required by the I.R.S. form or instructions must also be filed. We may question an incomplete or inaccurate report - even if the I.R.S. does not. Forms and instructions may be obtained from the I.R.S. If you are registering but filed an **IRS Form 990N** with IRS, you must complete and submit a Form 990 or 990EZ for registration in Connecticut. Connecticut does not accept IRS Form 990N for purposes of registration. ***If you have not yet completed your first fiscal year end, no IRS form is required.***

Audit: The financial report of an organization which received more than \$500,000 in gross revenue (before *any* deductions) in the year covered by this report, not including grants and fees from government agencies and revenue from trusts held by a trustee (usually a bank) for the benefit of the organization, must be accompanied by an opinion of any independent licensed public accountant or certified public accountant. This requirement may be satisfied in either of two ways: (1) the opinion may refer directly to the I.R.S. form or (2) the opinion may refer to a set of financial statements. If the latter is chosen, the financial statements to which the audit opinion refers must be filed *in addition to* the I.R.S. form. All audit reports must be on the **auditor's letterhead** and be **signed**. *Compiled or reviewed financial statements do not fulfill the audit requirement.*

Signatures: The Initial Charitable Organization Registration Application must be signed by **two** authorized representatives of the organization.

Mailing instructions: Mail to: Public Charities
Department of Consumer Protection
165 Capitol Avenue
Hartford, CT 06106-1630