

STATE OF MAINE

Department of Professional & Financial Regulation

CHARITABLE SOLICITATION

35 State House Station
Augusta, ME 04333-0035

Office Telephone: (207) 624-8624

Office located at: 122 Northern Avenue, Gardiner, Maine



The State of Maine will now be accepting either the Unified Registration Statement or the State of Maine Charitable Organization Registration Form.

What is the Charitable Organization Registration Form?

The State of Maine Charitable Organization Registration form is an alternative to the Unified Registration Statement (URS). Charitable Organizations may either use the state form or the URS.

What is the Unified Registration Statement?

The Unified Registration Statement (URS) represents an effort to streamline the collection of information and data by states that require registration of nonprofit organizations performing charitable solicitations within their jurisdictions. The National Association of State Charities Officials and the [National Association of Attorneys General](#) together, have established the Standardized Reporting Project to facilitate and simplify compliance of State by State solicitation laws.

The Unified Registration Statement form can be found on the Internet at: <http://www.nonprofits.org/library/gov/urs/>. Download the form and instructions. Please be sure to complete the entire form.

APPLICATION INSTRUCTIONS FOR CHARITABLE ORGANIZATION REGISTRATION

Please check the appropriate box if the registration is an initial or renewal registration. If you were previously registered as a charitable organization in the State of Maine, please check renewal registration. A renewal registrant must also submit appropriate supporting documentation on a separate sheet of paper if necessary.

- Item 1. List the organization's current legal name. If the organization is registered under a different name, place that name under "all other name(s) used". Also include any distinctive names (ex: d/b/a, name given to a specific campaign, names used for public solicitation) the organization uses.
- Item 2. Fill in the complete legal and mailing addresses. All written contact from this office will be sent to the mailing address. Please notify this office of any address changes immediately.
- Item 3. You must provide a primary telephone number, Web site, e-mail and fax number are optional.
- Item 4. Attach a list of the organization's other offices, chapters, branches and affiliates. The list must include the mailing addresses of the chapter, branches, offices and affiliates. This applies only to initial applicants. Renewal applicants need not resubmit this information unless it has changed from the initial filing for registration.
- Item 5. Fill out organizations date of incorporation, the state where it was incorporated, and the date and month of its fiscal year end. Please use "N/A" if your organization is not incorporated.
- Item 6. If the organization is not incorporated, please indicate the type of organization it is, and the state and date it was established.
- Item 7. Check the appropriate box from A to F. Please provide a written explanation for all questions, which you reply "yes."
- Item 8. Check the appropriate box and fill in the required information. If this is an initial registration, please submit a photocopy of the organization's IRS determination letter. Renewal applicants need not resubmit this information unless it has changed from the initial filing for registration.
- Item 9. Check the appropriate box. If the answer is "yes" please attached written explanation.
- Item 10. Check the appropriate box by indicating the method(s) of solicitation(s) used by organization.

- Item 11. Describe the purpose(s) of the organization. Use a separate sheet of paper if needed. Renewal applicants need not resubmit this information unless it has changed from the initial filing for registration.
- Item 12. Attach a list of officers, directors and executives of organization including their residence address and telephone number. If preferable, in lieu of a personal resident telephone number, a business number may be listed providing that the person can be reached at that number during normal business hours. Renewal applicants need not resubmit this information unless it has changed from the initial filing for registration.
- Item 13. Attach a list of the name and address of the responsible individuals. Renewal applicants need not resubmit this information unless it has changed from the initial filing for registration.
- Item 14. Fill in the required information. If you use an outside accountant in lieu of filing an " IRS 990" form, you must provide the name, address and telephone of the person responsible for preparing your audited financial reports.
- Item 15. Check the appropriate box. If "yes", please list the name(s) and address of the non-profit organizations that provide financial support to your organization.
- Item 16. Check the appropriate box.
- Item 17. Check the appropriate box. Please submit a copy of each contract the organization has with any commercial co-venturer, paid professional solicitor, professional fund-raising counsel (ccv/ps/pfrc). As a reminder, all ccv/ps/pfrc must also be registered with this office. Please be sure you inquire about their registration status with Maine before entering into contracts. If so, please submit the name, complete address and telephone number of each ccv/ps/pfrc.
- Item 18. If you used a professional solicitor, professional fund-raising counsel or professional co-venturer during your organization's past fiscal year, you must provide a complete listing of fees, expenses and any other costs paid to the fundraising professional(s). Be specific in identifying the period covered this information covers; for example, "fiscal year running from July 1, 1997 to June 30, 1998").
- Item 19. Fill in the required information.
- Item 20. Provide the estimated percentage of each dollar contributed that will be expended in Maine.

Signatures must be original. The contact person must also sign this document along with an executive officer.



STATE OF MAINE
 DEPARTMENT OF PROFESSIONAL
 AND FINANCIAL REGULATION
CHARITABLE SOLICITATIONS
 35 STATE HOUSE STATION
 AUGUSTA, MAINE
 04333-0035

ANGUS S. KING, JR.
 GOVERNOR

ANNE L. HEAD
 DIRECTOR

CHARITABLE ORGANIZATION REGISTRATION APPLICATION

✓ Please check

- Initial Registration Application Fee \$50.00 - Initial Registration Fee \$100.00**
- Renewal/Update \$100 renewal fee + \$50 filing fee (if gross contributions over \$30,000)**

Registration End Date (fixed date reporting cycle): NOVEMBER 30

Federal ID # (Filer EIN) _____

1. Organization's legal name: _____

If changed since prior filings, previous name used: _____

All other name(s) used: _____

2. Legal address: _____

City: _____ County: _____

State: _____ Zip Code: _____

Mailing address: _____

City: _____ County: _____

State: _____ Zip Code: _____

3. Telephone number (s): _____ Fax number(s)(optional): _____

E-mail (optional): _____ Web site (optional): _____

4. Names, addresses (Street & P.O.), telephone numbers of other offices/chapters/branches/affiliates (Please attach list)

5. Date incorporated: _____ State of incorporation: _____

6. If not incorporated, type of organization, state and date established: _____

7. Has organization or any of its officers, directors, employees or fund raisers:

A. Been enjoined or otherwise prohibited by a government agency/court from soliciting?

Yes No

B. Had its registration been denied or revoked?

Yes No

- C. Been the subject of a proceeding regarding any solicitation or registration?
 Yes No
- D. Entered into a voluntary agreement of compliance with any government agency or in a case before a court or administrative agency?(please provide copies of court documents/judgements /or consent agreements)
 Yes No
- E. Applied for registration or exemption from registration (but not yet completed or obtained)?
 Yes No
- F. Solicited funds in any state?
 Yes No
- If "yes" to 7A, B, C, D, E, F, *attach explanation.*

8. Has the organization applied for or been granted IRS tax-exempt status?
 Yes No
- If yes, date of application: _____ OR date of notification letter: _____

If granted, exempt under 501© _____ (insert number)

Are contributions to the organization tax deductible?
 Yes No

9. Has tax exempt status ever been denied, revoked or modified?
 Yes No

10. Indicate all methods of solicitations:
 Mail Telephone Personal Contact Radio/TV Appeals

11. Describe the purposes and programs of the organization and those for which funds are solicited (attach separate sheet if necessary) _____

12. List the names, titles, addresses (Street & P.O.), telephone numbers of officers, directors, trustees and principal salaried executives of organization (attach separate sheet)

-
13. Attach separate sheet listing names and addresses (street & P.O.) for all below:

Individual(s) responsible for custody of funds
 Individual(s) responsible for fund raising
 Individual(s) authorized to sign checks
 Individual(s) responsible for distribution of funds
 Individual(s) responsible for custody of financial records

14. Name, address (street & P.O.), and telephone number of accountant.

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Telephone: _____

Method of accounting: _____

15. Does the organization receive financial support from other non-profit organizations (foundations, public charities, combined campaigns, etc.)?
Yes No If yes, name(s) _____

16. Does the organization use volunteers to solicit directly? Yes No

17. Does the organization use professionals to solicit directly? Yes No

If your organization contracts with or otherwise engages the services of any outside fundraising professional (such as a "paid professional solicitor", "fund raising counsel", or "commercial co-venturer"), *attach list* including their names, address (street & P.O.), telephone numbers, and location of offices used by them to perform work on behalf of your organization. Each entry *must include* a simple statement of services provided, dates of contract, date of campaign/event, whether the professional solicits on your behalf, and whether the professional at any time has custody or campaign/event, whether the professional solicits on your behalf, and whether the professional at any time has custody or control of donations.

18. Amount paid to PFR/PS/CCV during previous year: \$ _____

19.

(A) Contributions in previous year: \$ _____

(B) Fund raising cost in previous year: \$ _____

(C) Management & general costs in previous year: \$ _____

(D) Fundraising costs as a percentage of funds raised: \$ _____

(E) Fundraising costs plus management & general costs as a percentage of funds raised _____.

20. Provide the estimated percentage of each dollar contributed that will be expended in Maine.

Maine Percent: _____

Name (printed)

Name (printed)

Name (signature)

Name (signature)

Title (printed)

Title (printed)



PRINTED ON RECYCLED PAPER

(207) 624-8563 (HEARING IMPAIRED)

(207)624- 8624
(OFFICE PHONE)

FAX: (207)624-8637

OFFICES LOCATED AT: 122 NORTHERN AVENUE, GARDINER, MAINE

