

Physical/Overnight address:

801 Capitol Way S
Olympia, WA 98501-1226

Mailing address:

PO Box 40234
Olympia, WA 98504-0234
Tel: 360.725.0377
sos.wa.gov/corps

INSTRUCTIONS: COMMERCIAL FUNDRAISER REGISTRATION/RE-REGISTRATION/ANNUAL RENEWAL RCW 19.09

IMPORTANT NOTE: This is a multi-functional form and serves three different purposes. Instructions below are for all three purposes unless otherwise noted.

1. **Initial Registration** of an organization that has not been registered with the Charities Program or has been closed beyond six years. **A new registration number will be assigned once the submission is completed.**
2. **Annual Renewal** of an organization that is currently registered with the Charities Program and the status is Active or Delinquent.
3. **Re-Registration** of an organization that has previously been registered with the Charities Program and the status is Closed or Involuntarily Closed. **Organization will maintain registration number.**

Unless otherwise specified, all questions should be answered in the present tense, with current information.

Attachments: All attachments **must** be clearly labeled with the section number to which they correspond. **If renewing or re-registering include the registration number on each page of the form and attachments.**

General Instructions: Use dark ink only. Complete the entire form and enter all requested information in the fields provided. At our website www.sos.wa.gov/charities a fillable .pdf version of this form is available or you can file online at www.ccfs.sos.wa.gov

Mail: Send completed form and payment to the address listed above.

Payment: Make checks or money orders payable to "Secretary of State." Checks cannot be back dated more than 60 days from the date the check is received.

Fees: For questions about the fees contact the Charities Program at 360-725-0378 or charities@sos.wa.gov.

1. **Initial Registration** filing fee is \$300.
2. **Annual Renewal** filing fee is \$225 if documents are received **before or on** the renewal date.
 - **If Annual Renewal** documents are received **after** the renewal date the organization is subject to a \$50 late fee for a total filing fee of \$275. **Postmark date is not the received date.**
3. **Re-Registration** filing fee is \$300 plus a \$50 late fee for each fiscal year that the organization has failed to renew with the Charities Program. The total fee may vary, contact our office for any questions regarding the fee calculation. **If the organization is 6 years beyond the date of closure, the organization must use this form as an Initial Registration and a new registration number will be assigned.**

Expedited Service: If expedited service is requested, an *additional* \$50 must be added to the filing fee. Check the box indicating expedited service on page one.

ALL FILING FEES ARE NON-REFUNDABLE. ALL DOCUMENTS ARE PUBLIC RECORD

(1) Organization Name: Provide the organization's name. The name **must** match the business name on record under the UBI number (9 digit Unified Business Identifier) that is recorded with the Secretary of State Corporations Division. This information can be obtained by conducting an online search at <https://www.sos.wa.gov/corps> using the "Business search". **The organization name will be defaulted to the business name recorded under the UBI No. If the business name recorded is different from the name provided on the form, the name provided will be listed as an Also Known As "AKA" Name.**

(2) Also Known As "AKA" Name(s): Provide all names that the organization uses for solicitation.

(3) FEIN (Federal Employer Identification Number): Provide the organization's FEIN. If the organization does not have a FEIN you can apply at <https://www.irs.gov/> **A FEIN is required for registration with the Charities Program.**

(4) UBI Number: Provide the organization's UBI number. A 9-digit number issued by several state agencies which allows the organization to do business in Washington State, **this is required.**

(5) Jurisdiction: Home state or country under whose law the organic documents are filed.

(6) Organization's contact information:

- a. **Organization's email, phone number, and website:** Provide the required organization's email address and phone number. If applicable provide the organization's website. **The email address will receive the same notices sent to the organization's mailing address.**
- b. **Organization's address:** Provide the required mailing address and street address.
 - i. The **county** is required if the street address is in Washington State.
 - ii. Select **"Yes"** if the street address is the same as the mailing address if the mailing address is **NOT** a PO Box or PMB.
 - iii. If the mailing address is a PO Box or PMB or the organization does not have a physical street address, the zip, city, and state are required in the street address section. **If the zip, city, and state is WA State, the county is required.**

(7) Other address for Solicitation: Select **"Yes"** or **"No"**. If **"Yes"**, provide a list of addresses the organization uses for solicitation.

(8) Surety Bond:

- a. Select **"Yes"** or **"No"**, to if the Organization has submitted current proof of a surety bond in the amount of \$25,000 to our office.
 - i. If **"No"**, attach a completed surety bond document and a copy of the bond. The surety bond document is located at <https://www.sos.wa.gov/charities/allforms.aspx> under Commercial Fundraiser Surety Bond.
 - ii. If **"Yes"**, an attachment is not required.
- b. Select if the surety bond has an expiration date or is perpetual. If there is an expiration date provide the date in the format of mm/dd/yyyy. This information must match what is listed on the Surety Bond.

(9) Three, Current Officers / Employees Receiving the Greatest Compensation: Provide the full names of the three people receiving the highest compensation. At least one person is required.

(10) Persons accepting responsibility: A minimum of one person or officer accepting responsibility for the organization must be provided. **At least one person/officer must be selected as "Responsible for organization's activities in WA".**

- a. If the person's address and phone number are the same as the organization's mailing address select the box at the top of this section. If the box is selected, only the **full name and title of each person is required.**

- b. If the person's address and phone are not the same as the organization's mailing address leave the box unselected and provide each person's address and phone number. If there are more than three persons, the organization may attach an additional page. The attachment must be labeled "10 - Current Person(s) Accepting Responsibility". Indicate, if providing an attachment, by selecting "Yes" or "No" at the bottom of this section. **The attached list must include the above information if the box at the top of section 10 is left unselected.**

(11) Organization's Financial Information: An "accounting year" is twelve consecutive months in duration; it generally begins on the first day of the first month and ends on the last day of the twelfth month.

(A) Initial Registration: If submitting an initial registration complete this section.

- a. If the organization has completed a full accounting year select "Yes", and complete the Solicitation Report. In the Solicitation Report the accounting year and all financial fields **must** be completed. If there is no financial information to report for a specific line write "0" or a line through that field. If any financial fields are left blank, the filing will be returned.
- b. If the organization has not completed a full accounting year provide the first accounting year end date only and continue to section (13) Types of Solicitation.

(B) Renewal / Re-Registration: If submitting a renewal or a re-registration complete this section.

- a. If the organization has changed the accounting year select "Yes". If "Yes", the organization will need to submit an Amendment to be filed **before** the renewal. The Amendment will need to include a fiscal short report, showing the organization's financial figures for the short year.
- b. If the organization has not changed the accounting year select "No". If "No", the organization will need to complete the Solicitation Report by providing the complete accounting year and all financial fields. All financial fields **must** be completed. If there is no financial information to report for a specific line write "0" or a line through that field. If any financial fields are left blank, the submission will be returned.

(A/B) Solicitation Report Instructions:

1. **Revenue:** Enter the total dollar value of contributions received, either by the commercial fundraiser or the charitable organizations with which it contracts, as a result of the services provided. This is the total amount of actual money raised (gross receipts), regardless of who has possession of the funds, and should include contributions received by any affiliates of, or entities retained by, the commercial fundraiser (e.g. subcontractors).
2. **Expenses:** Enter the total dollar amount of funds, either retained by or returned to, the charitable organizations for which services were provided. This is the portion of money raised/gross receipts that the charities receive or keep after all fundraising expenses (including fees paid to the commercial fundraiser, its affiliates or subcontractors, if any) have been subtracted (net to charity).

(12) Solicitation comments: If necessary, provide additional information regarding the financial figures reported in the solicitation report.

(13) Types of Solicitation: If the organization solicited or collected contributions in Washington State select "Yes" and indicate the types by selecting all that apply. If "Yes" a minimum of one type must be selected. **"Write-in" or "other" solicitation types will not be recorded.**

(14) Is the Organization registered to fundraise outside of the State of Washington? If the organization is registered to fundraise in other states or countries select "Yes" and provide the states and countries. **State abbreviations are acceptable.**

(15) Organization's Financial Preparer: Only one section may be selected and completed.

- **Business:** Select if a business prepared the organization's financials and provide the business's name, the representative's full name and title, and the address for the business.

- **Individual:** Select if an Individual prepared the organization’s financials and provide the person’s full name, title, and address.

(16) Organization’s Legal Information: Legal Actions include any **administrative** or **judicial** proceedings alleging that the organization or any individual in its registration has failed to comply with these rules, RCW 19.09, or state or Federal laws pertaining to taxation, revenue, charitable solicitation, or record-keeping, whether such action has been instituted by a public agency or a private person or business.

- If adding legal information, provide the Court (Jurisdiction), Case #, Title of legal action, and Date of legal action. The court documentation must be submitted with the form.
- If reporting more than one legal action, submit an attachment listing the legal action(s) in the same format and include the court documentation. Attachment must be clearly labeled “16 – Legal Information”

(17) Commercial Fundraisers Subcontractors: If adding a Subcontractor select “Yes” and provide the Subcontractor Name, registration number, address, and phone number. If there is more than one subcontractor, you may attach an additional page. The attachment must be labeled “17 - Commercial Fundraiser Subcontractors”. The attached list must include all information requested above. If a Subcontractor is added they must be listed in the current Fundraising Service Contract(s) on record with our office. If the contract is not current the Charity must submit a Fundraising Service Contract Amendment. The form can be found at <https://www.sos.wa.gov/charities/allforms.aspx>. Our office does not record the relationship of a Commercial Coventurer or Fundraising Counsel/Consultant as they are not required to register. **The below definitions can be found under [RCW 19.09.020 \(4\) \(10\)](#)**

- **Commercial Coventurer:** means any individual or corporation, partnership, sole proprietorship, limited liability company, limited partnership, limited liability partnership, or any other legal entity, that (a) Is regularly and primarily engaged in making sales of goods or services for profit directly to the general public; (b) Is not otherwise regularly or primarily engaged in making solicitations in this state or otherwise raising funds in this state for one or more charitable organizations; (c) Represents to prospective purchasers that, if they purchase a good or service from the commercial coventurer, a portion of the sales price or a sum of money or some other specified thing of value will be donated to a named charitable organization; and (d) Does not ask purchasers to make checks or other instruments payable to a named charitable organization or any entity other than the commercial coventurer itself under its regular commercial name.
- **Fundraising counsel/consultant:** "Fund-raising counsel" or "consultant" means any entity or individual who is retained by a charitable organization, for a fixed fee or rate, that is not computed on a percentage of funds raised, or to be raised, under a written agreement only to plan, advise, consult, or prepare materials for a solicitation of contributions in this state, but who does not manage, conduct, or carry on a fund-raising campaign and who does not solicit contributions or employ, procure, or engage any compensated person to solicit contributions, and who does not at any time have custody or control of contributions. A volunteer, employee, or salaried officer of a charitable organization maintaining a permanent establishment or office in this state is not a fund-raising counsel. An attorney, investment counselor, or banker who advises an individual, corporation, or association to make a charitable contribution is not a fund-raising counsel as a result of the advice.

(18) Charity Clients: List all charity clients that the organization fundraises for in Washington State. List the organization name, address, and phone number. Providing there are more than four organizations, you may attach an additional page. The attachment must be labeled “18 - Charity Clients”. **The attached list must have the above information included.**

(19) Return Address for this Filing: If provided, the confirmation regarding this specific filing will be sent to this address, in addition to the organization’s mailing address.

(20) Postal Mail Opt-In: Check this box if the organization wants to receive notifications by postal mail. If checked future notifications will be sent by postal mail to the organization’s mailing address.

(21) Signature: The signature, printed name and title, the signature date, and a contact number are required. The form may be signed by an officer or the owner of the organization.

If you have questions, need assistance, or would like to provide feedback, please visit the Charities Division website at www.sos.wa.gov/charities email charities@sos.wa.gov or call 360-725-0378.



Office of the Secretary of State
Corporations & Charities Division

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Olympia, WA 98501-1226 Olympia, WA 98504-0234
Tel: 360.725.0377 www.sos.wa.gov/corps

This Box For Office Use Only

- Initial Registration: \$300** *new registration number is issued*
- Re-Registration: \$300 + late fee(s)**
- Late Fee: \$50 per year** \$ _____
- Renewal: \$225**
- To Expedite Filing, Add \$50**

COMMERCIAL FUNDRAISER
INITIAL REGISTRATION / RE-REGISTRATION / ANNUAL RENEWAL
RCW 19.09

All fields required unless otherwise specified **Registration #** _____

ORGANIZATION INFORMATION:

(1) Organization Name: _____

(2) Also known as (AKA) Names: _____

(3) Federal EIN/Tax ID Number: (Nine digits) _____

(4) UBI No.: _____

(5) Jurisdiction: _____ State or Country of formation/incorporation

(6) ORGANIZATION CONTACT INFORMATION:

Organization Email: _____ Organization Phone Number: _____

Organization Website (*optional*): _____

Is the mailing or street address located in WA? (Check one) Yes No

If Yes, please provide County: _____

Is the Street Address the same as the Mailing Address? (*Only if mailing address is NOT a PO Box or PMB*)

(Check one) Yes No

If Mailing address is a PO Box or PMB and there is no physical address, provide the Zip, City, and State under the Organization Street Address.

Organization Mailing Address

Organization Street Address
(Must be a physical address; No PO Box or PMB)

Address: _____

Zip: _____ City: _____

State: _____ Country: _____

Address: _____

Zip: _____ City: _____

State: _____ Country: _____

Registration # _____

(7) ORGANIZATION'S CONTACT INFORMATION:

Does the commercial fundraiser use any other addresses for Solicitation? (Check one) Yes No

If Yes, a list of other addresses used **must** be enclosed.

Other addresses include mailing, street, electronic or internet addresses to conduct solicitations in Washington State.

(8) SURETY BOND:

Has the organization submitted current proof of a surety bond in the amount of \$25,000 to the Secretary of state?

(Check one) Yes No

If No, enclose proof of the surety bond with this filing. *This is required*

If Yes, no attachment is needed.

(Check one) *Must match what is listed on bond document* **Bond Expiration Date:** _____ **or** **Perpetual**

(9) THREE CURRENT OFFICERS/EMPLOYEES RECEIVING THE GREATEST COMPENSATION:

List the 3 current officers or employees of the organization receiving the greatest compensation.

Name: _____ Name: _____

Name: _____

(10) CURRENT PERSON(S) OR OFFICERS ACCEPTING RESPONSIBILITY FOR THE ORGANIZATION:

Check if the address and phone number for the individual(s) listed is the same as the information reported in the Organization's Mailing Address Information on page 1. *If checked, only the individual's name and title must be reported*

At least one person must be marked as being responsible for the organization's activities in WA

Responsible for organization's activities in WA

Name: _____ Title: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Responsible for organization's activities in WA

Name: _____ Title: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Responsible for organization's activities in WA

Name: _____ Title: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Are additional officers attached? (Check one) Yes No

If Yes, attachment must be clearly labeled "10 - Current Person(s) Accepting Responsibility"

Registration # _____

(11) ORGANIZATION'S FINANCIAL INFORMATION: *Please see instructions to properly complete this section*

11.A - Initial Registrations Only: Has the Organization completed a full accounting year? (Check one) Yes No

An "accounting year" is twelve consecutive months in duration; it generally begins on the first day of the first month and ends on the last day of the twelfth month.

If No, only provide the **First Accounting Year End Date: (mm/dd/yyyy)** _____

If Yes, complete the solicitation report below by providing the accounting year and financial information.

11.B - Renewal / Re-Registration Only: Has the organization's accounting year changed? (Check one) Yes No

If Yes, see instructions prior to completing the solicitation report and submitting the renewal.

If No, complete the solicitation report below

SOLICITATION REPORT FOR PRECEDING, COMPLETED ACCOUNTING YEAR

ALL below financial fields must be completed. Enter zero if the organization does not have any financial information to report for a specific line.

Organization's Accounting Year Begin Date

Organization's Accounting Year End Date

(mm/dd/yyyy)

(mm/dd/yyyy)

1. Revenue: All contributions received: \$ _____

Total dollar value of contributions received, via the commercial fundraiser service contract or the charities directly, as a result of services provided.

2. Expenses: Amount of Funds: \$ _____

Total dollar value of funds, retained by or returned to, the charities for which services were provided.

(12) SOLICITATION COMMENTS: (Optional) _____

(13) TYPES OF SOLICITATION:

Did the Organization solicit or collect contributions in WA during the accounting year reported?

(Check one) Yes No **If Yes**, indicate the types of solicitations conducted, at least one is required.

(Check all that apply) Advertisement/Coupon Books Direct Mail Email Entertainment/Special Events

Internet Newspaper/Magazine/Publication Personal Contact Product Sale Telephone TV/Radio

Vehicle/Boat Donations *Written in options are not recorded*

(14) Is the Organization registered to fundraise outside of WA? (Check one) Yes No

If Yes, list all states: _____

Registration # _____

(15) ORGANIZATION'S FINANCIAL PREPARER: Required if the Solicitation Report on page 3 has been completed.

Person or Business that prepares, reviews, or audits financial information, if any, or Person or Business that completed the Solicitation Report

Please check one and fill out the corresponding section below.

Business - Business's Name: _____

Representative's Name: _____ Title: _____

Address: _____ City: _____ State: _____ Zip: _____

Individual - Name: _____ Title: _____

Address: _____ City: _____ State: _____ Zip: _____

(16) ORGANIZATION'S LEGAL INFORMATION:

Has the commercial fundraiser or any individual in its registration been subject to any legal action in which a judgment or final order was entered within the last 10 years, or action is currently pending?

(Check one) Yes No

If Yes, complete the below fields and attach the court documentation for each instance listed.

Court (Jurisdiction): _____ Case Number: _____

Title of Legal Action: _____ Date of Legal Action: _____

"Legal Actions" include any administrative or judicial proceedings alleging that the business has failed to comply with these rules, [RCW 19.09](#), or state or Federal laws pertaining to taxation, revenue, charitable solicitation, or record - keeping, whether such action has been instituted by a public agency or a private person or business.

(17) COMMERCIAL FUNDRAISER SUBCONTRACTORS:

Does the Organization use one or more Subcontractor(s) to solicit contributions in WA?

(Check one) Yes No

If Yes, complete the fields below for each contracted and sub-contracted commercial fundraiser. *If necessary, attach an additional sheet labeled "17 - Commercial Fundraiser Subcontractors" be sure to include all information requested above.*

Name of Company: _____ Fundraiser Registration Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____

(18) CHARITY CLIENTS: List the charity client(s) that services are provided for.

If necessary, attach an additional sheet labeled "18 - Charity Clients" - all information requested below must be included.

1. Organization Name: _____ Registration Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ *Entries continued on page 5*

Registration # _____

(18 cont'd) CHARITY CLIENTS: List the charity client(s) that services are provided for.

2. Organization Name: _____ Registration Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____

3. Organization Name: _____ Registration Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____

4. Organization Name: _____ Registration Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____

(19) RETURN ADDRESS FOR THIS FILING: *(optional)*

If provided, the confirmation regarding this specific filing will be sent to the address below, in addition to the Organization's mailing address.

Attention: _____ **Email:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

(20) POSTAL MAIL OPT-IN: By checking the box the organization will not receive email notifications

The organization wants to receive **all** notifications to the organization by postal mail

(21) SIGNATURE

By executing this document, the applicant certifies the following:

- He/she is authorized to represent the above named organization.
- The organization's governing body or committee has reviewed and accepted the financial information provided where applicable.
- The information contained herein is accurate and true to the best of the applicant's knowledge.
- He/she irrevocably appoints the Secretary of State to receive process (notice of lawsuit) in non-criminal cases against the applicant, and under the conditions set out in RCW 19.09.305; and
- Neither the organization nor any of its officers, directors, and principals have been convicted of a crime involving charitable solicitations, nor been subject to a permanent injunction or administrative order under the Washington Consumer Protection Act (Chapter 19.86 RCW) in the past 10 years.

Signature of Applicant _____ Printed Name / Title _____ Date _____

Contact phone number: _____

Must be signed by the officer or owner of the commercial fund-raiser [RCW 19.09.079](#)

ALL SUBMISSIONS ARE SUBJECT TO PUBLIC REVIEW

- **Post mark date is not the received date**
- Be sure to **sign and date** before placing the form in the mail