Office of the Secretary of State
Corporations & Charities Division

Corporations & Charities Division
Physical/Overnight address:
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Olympia, WA 98504-0234
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sos.wa.gov/corps

INSTRUCTIONS: CHARITABLE 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 Renewa**l 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 $60.

2. **Annual Renewal** filing fee is $40 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 $90. **Postmark date is not the received date.**

3. **Re-Registration** filing fee is $60 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. If the organization provides a UBI Number (9 digit Unified Business Identifier) that is recorded with the Secretary of State Corporations Division, the name **must** match the business name on record. 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) If the Charitable Organization is a WA Profit Corporation, LLC, or Nonprofit: If the organization is registered as a Nonprofit Corporation, Limited Liability Company, or a Profit Corporation with the Corporations Division or another state agency and a 9 digit Unified Business Identifier (UBI) number was issued select **"Yes"** and provide the organization's 9 digit UBI number.

- **UBI Number:** a 9-digit number issued by several state agencies which allows the organization to do business in Washington State.

(5) If the Charitable Organization is a Foreign Profit Corporation or LLC, or Nonprofit: If the organization is registered as a Nonprofit Corporation, Limited Liability Company, or a Profit Corporation in a state or country other than Washington State select **"Yes"** and provide the Jurisdiction where the organization is currently incorporated.

- **Jurisdiction:** Home state or country under whose law the organic documents are filed.

(6) Federal Tax Exempt Status:

a. **Annual Renewal:** If there has been no change to the IRS tax exempt status, organization name, or the FEIN continue to page 2. If there has been a change complete this section by following the instructions below.

b. **Registration/Re-Registration:** This section **must** be completed.

   i. Select **"Yes"** or **"No"**. If **"Yes"**, select the type of Federal Tax Exempt Status.

   - If **115(1)**, **170(c)(1)**, **or 501(c)(1-27)**, provide the organization's most recent IRS determination letter.
   - If **Group Exemption,** a letter from the central organization confirming its relationship with the registering organization is required.
   - If **Church/Church Affiliated, Government Entity, or Annual gross receipts normally $5,000 or less**, then automatic exemption applies.

Include the organization's most recent IRS determination letter. If a determination letter has not yet been received an Amendment can be filed to provide the IRS determination letter.

(7) Purpose/Mission of the Organization: Provide the organization's purpose/mission**.** Additional pages may be attached. The attachment must be labeled "7 – Purpose/Mission".

(8) 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**.

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

(10) 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 submission 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 (11) 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. A renewal may not be necessary if an Amendment is submitted to change the accounting year. Contact the Charities Program for more information.

b. If the organization has not changed the accounting year select **"No"**. If **"No"**, the organization will must complete the Solicitation Report. Provide the complete accounting year in a mm/dd/yyyy to mm/dd/yyyy format. 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. **Beginning gross assets:** Enter the organization's gross beginning assets

2. **Revenue: Gross contributions from solicitations:** Enter the gross dollar value of contributions received from solicitations. Solicitations include, but are not limited to, special events, sales of inventory, and amounts collected on behalf of the charitable organization by the organization, commercial fundraiser or commercial coventurer. For further details reference RCW 19.09.020 and RCW 19.09.075

3. **Gross revenue from all other sources:** Enter the gross dollar value of revenue from all other sources (not the result of a solicitation)

4. **Total dollar value of gross receipts:** Enter the **total** dollar value of gross receipts. "This is the figures from gross revenue from solicitations and gross revenue from all other sources added together". This figure is the sum of number two and three above combined. For further details reference RCW 19.09.020(12)

5. **Expenses: Gross expenditures to program services:** Enter the gross dollar value of expenditures used directly for the charitable program services. Payments to affiliates may be included if costs involved are not connected with the administrative or fundraising functions of the reporting organization. As defined per RCW 19.09.020(8) Cost of solicitation means and includes all direct and indirect costs, expenditures, debts, obligations, salaries, wages, commissions, fees, or other money or thing of value paid or incurred in making a solicitation.

6. **Total gross from all expenditures:** Enter the **total** gross dollar value from **all** expenditures (program services, administrative and fundraising). This includes but is not limited to, amounts expended for charitable program services, administration, and fundraising costs incurred by the charitable organization or a commercial fundraiser, and amounts paid to or retained by the commercial fundraiser. Administrative and fundraising costs include, but are not limited to, the following expenses if not directly related to program services: salaries, wages, compensation, legal, accounting, occupancy, equipment costs, printing and publications, telephone, postage,

supplies, travel, meetings, fees for services (including fundraising consultation), and cost of goods or inventory sold. This total must not be less than line five from above.

7. **Ending gross assets:** Enter gross ending assets.

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

(12) 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.**

(13) 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.**

(14) Three, Current Officers / Employees Receiving the Greatest Compensation: Provide the first and last name of up to three people receiving the highest compensation. If there are no paid employees select **"No"**.

(15) Persons accepting responsibility: A minimum of one person or officer accepting responsibility for the organization must be provided.

- 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.**

- 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 two persons, the organization may attach an additional page. The attachment must be labeled "15 - 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 15 is left unselected**.

(16) 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.

(17) 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 "17 – Legal Information"

(18) Commercial Fundraisers: If adding a Commercial Fundraiser select **"Yes"** and provide the Fundraiser Name, registration number, address, and phone number. If a new Commercial Fundraiser is added, a current Fundraising Service Contract must also be on record with our office. If the contract is not current a Fundraising Service Contract Registration must be submitted separately. The form can be found at https://www.sos.wa.gov/charities/allforms.aspx. Our office does not record the relationship between the Charitable Organization and 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.

(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 the organization's President, Treasurer or a comparable officer. In the absence of officers, a person responsible for the organization may sign.

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

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This Box For Office Use Only

☐ **Initial Registration: $60** ***new registration number is issued***

☐ **Re-Registration: $60 + late fee(s)**

☐ **Late Fee: $50 per year $_____**

☐ **Renewal: $40**

☐ **To Expedite Filing, Add $50**

CHARITABLE ORGANIZATION
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) Is the charitable organization a WA Corporation, LLC, or Nonprofit? (Check one) ☐Yes ☐No

If Yes, UBI No. is required: (Nine digits) _____

(5) Is the charitable organization a Foreign Corporation, LLC, or Nonprofit (Outside of WA State)?

(Check one) ☐Yes ☐No

If Yes, only the Jurisdiction State or Country is **required** below, UBI No. above is optional.

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

(6) FEDERAL TAX EXEMPT STATUS:

If filing a renewal and the tax exempt status has not changed continue to page 2.

Does the organization have a Federal Tax Exempt Status: (Check one) ☐Yes ☐No

If Yes, <u>one</u> selection **<u>must</u>** be made below. Attach the organization's most recent IRS determination letter.

(Check one) ☐ 115(1) ☐ 170(c)(1) ☐ 501(c) (1-27 only) _____ ☐ **Group Exemption** if group exempt see instructions for additional attachments that are required.

If the organization is one of the following , then automatic exemption applies and an IRS Determination letter is not required. **Select exemption reason below.**

☐ Church/Church Affiliated ☐ Government Business ☐ Annual gross receipts normally $5,000 or less

Registration # _____

(7) PURPOSE/MISSION OF THE ORGANIZATION:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

(8) ORGANIZATION'S 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: _____	Address: _____
_____	_____
Zip: _____ City: _____	**Zip**: _____ **City**: _____
State: _____ Country: _____	**State**: _____ Country: _____

(9) Does the organization use any other addresses for Solicitation? (Check one) ☐Yes ☐No

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

Other addresses include if the organization, or a commercial fundraiser operating on its behalf, use any other mailing, street, electronic or internet addresses to conduct solicitations in Washington State.

Registration # _____

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

10.A. - Initial Registration 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.

10. 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 financial information to report for a specific line. **Do Not** enclose a copy of the IRS Form 990, 990PF, 990EZ or audited financial statements. Actual gross figures are required, rounded to the nearest dollar; net figures or estimates will not be accepted.

Organization's Accounting Year Begin Date	Organization's Accounting Year End Date
_____ **(mm/dd/yyyy)**	_____ **(mm/dd/yyyy)**

1. Beginning Gross Assets: **$** _____
2. Revenue: Gross Contributions from Solicitations: **$** _____
3. Gross Revenue from all other sources: **$** _____
4. Total Dollar Value of Gross Receipts ***(sum of line 2 and 3)***: **$** _____
5. Expenses - Gross Expenditures to Program Services: **$** _____
6. Total Gross from All Expenditures ***(cannot be less than line 5)***: **$** _____
7. Ending Gross Assets: **$** _____

(11) SOLICITATION COMMENTS: ***Optional*** _____

_____

(12) 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***

(13) Is the Organization registered to solicit/fundraise outside of WA? (Check one) ☐Yes ☐No

If Yes, list all states: _____

_____

Registration # _____

(14) THREE CURRENT OFFICER(S)/EMPLOYEE(S) RECEIVING THE GREATEST COMPENSATION:

Does the organization pay any of its officer(s) or employee(s)? (Check one) ☐Yes ☐No

If Yes, this section must be completed.

Name: _____ Name: _____

Name: _____

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

☐Check if 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 2. ***If checked, only the individual's name and title must be reported***

Name: _____ Title: _____ Phone: _____

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

Name: _____ Title: _____ Phone: _____

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

Additional attachment provided? (Check one) ☐Yes ☐No

If Yes, attachment must be clearly labeled "15 - Current Person(s) Accepting Responsibility"

(16) 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

Check one and complete the corresponding section.

☐ **Business -** Business's Name: _____

Representative's Name: _____ Title: _____

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

☐ **Individual -** Name: _____ Title: _____

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

(17) ORGANIZATION'S LEGAL INFORMATION:

Has the charitable organization <u>or</u> any individual in its registration been subject to any legal action in which a judgment or final order was entered within the last <u>10 years</u>, 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.

Registration # _____

(18) COMMERCIAL FUNDRAISERS: RCW 19.09.020 (5)

Do not report the following: Fundraising Counsel/Consultant or Commercial Coventurer as defined under RCW 19.09.020 (4)(10)

Does the Organization use one or more Commercial Fundraiser(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 "18 - Commercial Fundraiser" include all information requested above.***

Name of Company: _____ Fundraiser 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 President, Treasurer, or comparable officer of the Organization RCW 19.09.075(4)

ALL SUBMISSIONS ARE SUBJECT TO PUBLIC REVIEW

- **Post mark date is not the received date**
- **Do not submit the organization's 990**
- Be sure to **sign and date** before placing the form in the mail