

## **INSTRUCTIONS – COMMERCIAL FUNDRAISER REGISTRATION / RENEWAL FORM**

**General Instructions:** Complete the entire form or type “N/A” if not applicable and check boxes where indicated. Incomplete forms will not be accepted. Do not staple or bind form or its attachments. **Please clearly label all attachments with the Section number to which they correspond.** Unless otherwise specified, all questions should be answered in the present tense, with current information.

**Page 1:** Check the box indicating the type of registration submitted (initial, renewal or re-registration). If renewing or re-registering, enter the organization’s 1-5 digit registration number on the line provided on page 1 and the lines located in the upper left corner of pages 2 - 4. Your registration number can be obtained by conducting an online search at <http://www.sos.wa.gov/charities/search.aspx>. If the renewal form will not be **received** by the Charities Program on or before the organization’s due date, please also check the Late Fee box and include an additional \$50. The fee for re-registration is \$60; a \$50 late fee may also apply. Contact the Charities Program to confirm the appropriate fee amount.

Check the Expedited Service box to request priority processing within two working days of receipt (or as soon thereafter as possible); an additional \$50 fee applies.

**Section 1:** Enter the full name of the organization on the line provided. Name use restrictions may apply; please refer to RCW 19.09.100(9) & (10) and RCW 19.09.230.

Enter the organization’s mailing address on the lines provided. If the mailing address is in “care of” a law firm or other entity, please include “c/o” prior to the name and address of the firm or other entity. If a Private Mail Box is provided in the Mailing Address field, it must be identified as such by including the acronym “PMB” followed by the box number. A *“Private Mail Box” is a mail delivery designation for addresses associated with a commercial mail receiving agency (e.g. Mailboxes Etc.).*

A telephone number is required. If the organization does not have a telephone number, please enter a contact number. If the organization has an email or web address, please enter them on the lines provided.

Check the box indicating if the organization would like to receive renewal reminders by email; if checked, provide an email address for the organization in the “Email” field.

Enter the organization’s street address on the lines provided. If street and mailing addresses are the same and the organization does not use a PO Box or a PMB, it can check the box in lieu of completing the street address fields. If the organization is located in Washington State, enter the County of its physical location.

**Alternate Address(s):** If the commercial fundraiser uses any other mailing, street, electronic or internet address(s) (*excluding those already listed in Section 1*) to conduct solicitations in Washington State, then you must enclose a list of the other address(s) used.

**Section 2:** If the organization is structured as a Corporation in Washington State or another state, a Limited Liability Company or a Sole Proprietorship, indicate this by checking the appropriate box. A Unified Business Identifier (UBI) is required. *“Foreign” refers to an entity that is incorporated in a state other than WA.* If the organization is not structured as a corporation, LLC or Sole Proprietorship, or does not have a legal structure, check “Other”. Do Not submit a photocopy of the organization’s governing document or by-laws with this form.

The Federal EIN (aka FEIN, or taxpayer ID number) assigned to the organization by the Internal Revenue Service is required. If the organization is a Sole Proprietorship, please do not report a social security number in lieu of a FEIN.

**Section 3:** Indicate whether or not the organization has already provided proof of a \$25,000 surety bond to the Charities Program. If “No”, provide proof of bonding with this form. A *Twenty-Five Thousand Dollar Commercial Fundraiser Bond* form is available at <http://www.sos.wa.gov/charities/AllForms.aspx>

**Section 4:** List any Also Known As names the organization uses to solicit contributions in WA on the lines provided; these may include acronyms, DBAs, abbreviations, program names, etc. Name use restrictions may apply; please refer to RCW 19.09.100(9) & (10) and RCW 19.09.230. Do not list the name of any other commercial fundraiser (e.g. subcontractor) as an AKA even if they are under your supervision or control. Entities with a separate existence for legal or tax purposes must register independently. Do not list your charity clients as Also Known As names.

**Section 5:** Provide information regarding any other commercial fundraisers utilized in the conduct of solicitations (e.g. subcontractors) on the lines provided. Indicate if the subcontractor has independently registered and posted a surety bond as required by law. Attach a list of charitable organizations for which the subcontractor provides services and the term begin and each dates of each campaign; be sure to label attachment "Section 5". If more than one subcontractor is used, report them on the attached list.

**Section 6 – New Entities and/or First Time Filers Only:**

If the organization is newly formed and has not yet completed its first accounting year, enter the full, projected end date of its first accounting year (partial dates will not be accepted).

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

**Section 7 – SOLICITATION REPORT:**

*The questions in this section pertain to the organization's preceding (most recently completed) accounting year.*

Enter the full begin and end dates of the organization's preceding accounting year on the lines provided (partial dates will not be accepted). **Complete lines 1 and 2, regardless of whether or not the commercial fundraiser has custody of the funds raised.** Actual, gross figures are required; round to the nearest dollar; net figures or estimates will not be accepted. **Do not leave any lines blank** – enter zero if the organization does not have any financial information to report for a specific line item.

**If the organization's accounting year has changed, please contact the Charities Program for additional instructions prior to submitting this form.**

1. Enter the total dollar value of contributions received, either by the commercial fundraiser or the charitable organization(s) 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. Enter the total dollar amount of funds, either retained by or returned to, the charitable organization(s) 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).

**Solicitation Comments:** The organization may provide additional information or an explanation regarding the figures reported above by entering "Solicitation Comments" on the lines provided (optional). Attach an additional sheet if needed; be sure to label attachment "Solicitation Comments".

**Type of Fundraising Services Conducted:** Check the box indicating if the organization solicited or collected contributions in WA during the preceding accounting year reported in Section 7. If "Yes", check the types of solicitations conducted by the organization (or a commercial fundraiser operating on its behalf). If the organization uses a solicitation type that is not listed, please describe it on the "Other" line provided.

**States List:** Is the organization registered to fundraise in other states besides of Washington State? If so, attach a list of the states where the organization is registered to fundraise.

**Section 8:** Enter the names and contact information of the officers or persons currently accepting responsibility for the organization. Check the box if the individual listed is responsible for the commercial fundraisers' activities in WA State. **A minimum of one person responsible for WA activities is required.** This person does not need to be physically located in WA State, but should be an owner, officer or employee of the commercial fundraiser (not a subcontractor). Attach an additional sheet if needed; be sure to label attachment "Section 8".

**Legal Actions:** 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, or action is currently pending? If so, please attach a list of legal actions, including the court or other forum, case number, title of legal action, and date of each action.

*“Legal Actions” include any administrative or judicial proceedings alleging that the entity has failed to comply with these rules, chapter 19.09 RCW, 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 entity*

**Section 9:** Enter the names of the commercial fundraiser’s three officers or employees (or a combination thereof) currently receiving the greatest compensation (highest paid). *Compensation includes, but is not limited to, full-time and part-time employment.* If less than three persons are compensated, enter “N/A” on the appropriate line(s).

**Section 10:** Provide the name, registration number, and contact information for each charitable organization for which services were provided in Washington State during the accounting year reported in Section 7. Provide the term beginning and ending date of the contract with each charitable organization listed. If the term end date of the contract is perpetual or open-ended, leave the “Contract Ending Date” field blank. Attach an additional sheet if needed; be sure to label attachment “Section 10”. Do not submit photocopies of fundraising contracts with this form; contracts must be submitted separately with the appropriate form and fee.

**Section 11:** Enter the name of the person and/or entity that prepares, reviews or audits the financial information the organization reported in Section 7.

**Section 12/Signature:** A signature and date are required. This form may be signed by an Owner or Officer of the commercial fundraiser. By signing this form, the applicant affirms that the statements in Section 12 are true and correct.

**Submissions Subject to Public Review:** Do not include social security numbers or other personal identifiers, bank account information or statements with this form or its attachments.

**FEES:** The initial filing fee is \$300.00. Renewals are \$225.00. Re-registration after file closure is \$300.00. Make checks or money orders payable to “*Secretary of State.*” All fees are non-refundable. If **Expedited Service** is requested, include an additional \$50.00 and write the word “**EXPEDITE**” in large, bold letters on the outside of the envelope.

Renewal forms **received** by the Charities Program after the organization’s due date are subject to a **\$50 late fee** and will not be filed without sufficient payment. The Postmark is not the received date. We suggest mailing the form 7 days before the renewal due date. The organization’s renewal due date can be viewed at [www.sos.wa.gov/charities/search.aspx](http://www.sos.wa.gov/charities/search.aspx)

**Mail completed forms and payment to:** Secretary of State, Charities Program PO Box 40234 Olympia, WA 98504-0234  
For overnight/express mail carriers use: Secretary of State, Charities Program 801 Capitol Way S Olympia, WA 98501

Please contact the Charities Program at [commercialfund@sos.wa.gov](mailto:commercialfund@sos.wa.gov) or 360-725-0378 if you have any questions or need assistance.