

# **FLORIDA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES**



**ADAM H. PUTNAM  
COMMISSIONER**

**SOLICITATION OF CONTRIBUTIONS  
REGISTRATION APPLICATION**

Chapter 496, Florida Statutes  
Rule 5J-7.004, Florida Administrative Code

Florida Department of Agriculture and Consumer Services  
**Solicitation of Contributions Registration Application**

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## INSTRUCTIONS AND CHECKLIST FOR COMPLETING THE REGISTRATION APPLICATION

**STOP!** Charitable organizations and sponsors that meet all the following requirements should submit FDACS-10110 Small Charitable Organizations/Sponsors Application, Rev. 01/15 in lieu of this registration application and will not be charged a fee. [s. 496.406(1)(d), F.S.]

- The charitable organization or sponsor has less than \$25,000 in **TOTAL REVENUE** (including contributions).
- The fundraising activities of the charitable organization or sponsor are carried on by volunteers, members, or officers who are not compensated and no part of the assets or income of the organization or sponsor inures to the benefit of or is paid to any officer or member of the charitable organization or sponsor.
- The charitable organization or sponsor does not utilize a professional fundraising consultant, professional solicitor, or commercial co-venturer.

The small application can be found online at [www.800helpfla.com](http://www.800helpfla.com).

**NOTE:** If a charitable organization or sponsor that has less than \$25,000 in total revenue during a fiscal year actually acquires total revenue equal to or in excess of \$25,000 or if any of the above criteria change, then the charitable organization or sponsor must register with the department as required by s. 496.405, F.S. within 30 days after the date the revenue reaches \$25,000 and submit FDACS-10100 Solicitation of Contributions Application, Rev. 01/15, as incorporated in Rule 5J-7.004(2), F.A.C.

### REGISTRATION AND RENEWALS

All charitable organizations and sponsors must register with the Florida Department of Agriculture and Consumer Services (FDACS) prior to engaging in solicitation activities in or from Florida, and renew annually thereafter on a form provided by the department. The department will annually provide a renewal statement to each registrant by mail at least forty-five (45) days before the renewal date. The expiration date for charitable organizations and sponsors is one (1) year from the initial date of compliance with registration requirements. [s. 496.405, F.S.]

If you have any questions or need assistance in completing this application, please contact the department by calling 800-HELP-FLA (435-7352) inside Florida or (850) 410-3800 outside Florida.

When filing an application, be certain that the application is completely filled out, that all questions are answered truthfully and that all the information requested is provided. Please type or print in ink. Additional pages may be attached if additional space is needed using the same format. Please ensure that all attachments reflect the organization's name or registration number and the number of the corresponding question.

#### Item #1:

Provide the legal name of the organization **exactly** as it appears in its articles of incorporation or organizational document. If using a fictitious name (DBA), provide that name, also. If the organization solicits under any other names, provide those names in the spaces listed. Attach additional sheets as necessary using the same format. **Note: Corporate, LLC, and Fictitious Names are verified with the Florida Department of State, Division of Corporations and must match the name exactly as filed.**

#### Item #2

Provide a street or physical address for the organization. Include the suite, room, or other unit number. **The use of a mail drop is not acceptable.** If the mailing address (i.e. a generally used post office box) is different from the organization's street address, provide that address as well. **Note: In order for correspondence to be sent directly to an attorney or other third party, you must insert the attorney's or third party's address as the mailing address for the organization.**

#### Item #3

You must provide a primary telephone number, including the area code, for the organization. If the organization does not maintain a specific location, provide the telephone number of a person who will represent the organization. Also, provide the email address and website if used to provide information to or communicate with the public.

#### Item #4

Check the applicable box for the type of registration you are filing.

#### Item #5

Select the type of organization (or legal form of business) and state when and where the organization was legally established.

**Item #6**

Provide the organization's federal employer identification number. *Note: Taxpayers can obtain an EIN immediately by calling the IRS Business and Specialty Tax Line (1-800-829-4933).*

**Item #7**

List the representatives as directed with complete street addresses and telephone numbers for each. (The street address may be the address of the charitable organization or sponsor.) Charitable organizations and sponsors must indicate whether or not each representative receives compensation. All documents and attachments submitted with this application are subject to public records review pursuant to Chapter 119, Florida Statutes. However, exemptions apply to certain employees. If you qualify under these exemptions, you can request that certain information be redacted from the public records available through the department. Exemptions may apply to:

- Current or former law enforcement officers and their families
- Current or former judges and their families
- Current or former prosecutors and their families
- Current or former firefighters and their families
- Current or former human resources managers and their families
- Current or former code enforcement officers and their families

This is not a comprehensive list. For a complete list, see s. 119.071(4), F.S. If you qualify for one of the public records exemptions and wish to have your information exempted from public review, please do not list your residence address and phone number.

**Item #8a**

Provide the name, address, and telephone number of any other offices, chapters, branches, or affiliates in this state for which you are filing. If you have branches and are not filing as a parent organization, each branch must register separately.

*[s. 496.405(5), F.S.]*

**Item #8b**

**If your organization is not located in Florida AND you do not maintain an office in this state**, provide the name, address, email, and telephone number of the person with custody of the financial records. *[s. 496.405(2)(g)1, F.S.]*

**Item #9**

Charitable organizations and sponsors must designate a person(s) who will (or would) be responsible for any solicitation or fundraising activities. (The street address may be the address of the charitable organization or sponsor.) *[s. 496.405(2)(c), F.S.]*

**Item #10**

You must disclose the person(s) who exercises control of funds. (i.e. the person(s) who collects the money, makes deposits, writes checks, or has custody and responsibility for the final distribution of the contributions, etc.) (The street address may be the address of the charitable organization or sponsor.)

**Item #11**

Indicate the month and day your accounting or bookkeeping period ends each year (fiscal year end date).

**Item #12**

Answer by checking appropriate box. If you have applied for but have not yet received your tax exemption determination letter, please check "pending." In order for this office to report to consumers that your organization is tax exempt, we must have a copy of the letter from the Internal Revenue Service, which exempts your organization from paying income tax to the federal government. This letter must be on the letterhead of the Internal Revenue Service and can be for a group exemption. We cannot accept a letter from the headquarters or main office of your organization. The tax exemption determination letter is not to be confused with a Certificate of Exemption issued by the Florida Department of Revenue, which exempts your organization from paying state sales tax. Nor is it to be confused with the letter or application regarding your employer identification number also issued by the Internal Revenue Service. If you cannot locate a copy of your tax exemption letter, you must contact the Internal Revenue Service and request an additional copy.

**Item #13**

Briefly explain the purpose for which your organization was created. It is best to summarize this information in your own words.

**Item #14**

Briefly explain the purpose for which contributions will be used.

**Item #15**

Briefly and concisely list the main activities in which your organization participates in order to accomplish the purpose stated in the previous question.

**Item #16** Answer as directed by checking appropriate box and attach contract, if applicable. We must have a current contract on file for each solicitor you employ. Include the solicitor's Florida registration number and fill in the effective and termination dates on the blanks indicated. **Note: A charitable organization or sponsor must not enter into any contractual agreement with or employ a solicitor that will perform services in Florida unless the solicitor is registered with this department.** [s. 496.411(5), F.S.]

**Item #17** Answer as directed by checking appropriate box and attach contract, if applicable. We must have a current contract on file for each professional fundraising consultant you employ. Include the fundraising consultant's Florida registration number and fill in the effective and termination dates on the blanks indicated. **Note: A charitable organization or sponsor must not enter into any contractual agreement with or employ a professional fundraising consultant that will perform services in Florida unless the consultant is registered with this department.** [s. 496.411(5), F.S.]

**Item #18**

Answer by checking appropriate box and attach contract, if applicable. We must have a current contract on file for each commercial co-venturer you have an agreement with.

**Item #19**

Answer as directed by checking the appropriate box.

**Item #20**

Answer as directed by checking appropriate box and provide documentation, if applicable. **Note: This includes, but is not limited to, any assurance of voluntary compliance or settlement agreement entered into with any regulatory agency, State Attorney General's Office, federal agency or law enforcement agency, including this department.**

**Item #21**

Answer by checking appropriate box and provide supplementary information, if applicable. **Note: All felonies must be disclosed regardless of the nature of the crime.**

**Item #22**

Answer by checking appropriate box and provide supplementary information, if applicable.

**Item #23**

Answer as directed by checking appropriate box and provide supplementary information, if applicable.

**Item #24**

Answer as directed by checking appropriate box and provide explanation, if applicable.

**Item #25**

The board of directors, or an authorized committee thereof, of a charitable organization or sponsor required to register with the department shall adopt a policy regarding conflict of interest transactions. The term "conflict of interest transaction" means a transaction between a charitable organization or sponsor and another party in which a director, officer, or trustee of the charitable organization or sponsor has a direct or indirect financial interest. A copy of the annual certification of the policy required by s. 496.4055, F.S. shall be submitted with the registration. A link to the IRS Sample Conflict of Interest Policy can be found at [www.800helpfla.com](http://www.800helpfla.com).

**Item #26**

Indicate by checking the appropriate box which type of financial statement you are filing. Organizations must submit one of the following:

**Budget** - Only newly established organizations with no financial history may submit a budget for the current year. The enclosed financial statement may be used to prepare a budget.

**IRS Form 990 with all attached schedules or IRS Form 990-EZ and schedule O** - We cannot accept the 990-PF, 990-N, E-Postcard or 990-T or any other type of tax return. IRS Forms and schedules submitted by a charitable organization or sponsor that receives \$500,000 or more in annual contributions must be prepared by a certified public accountant or another professional who prepares such forms or schedules in the ordinary course of his or her business. A charitable organization or sponsor may redact information that is not subject to public inspection pursuant to 26 U.S.C. s. 6104(d)(3) before submission. This information is found on Schedule B of the IRS Form 990. [s. 496.407(2)(b), F.S.]

**Financial statement (enclosed)** – Financial statements from organizations that receive at least \$500,000 but less than \$1 million in annual contributions must be audited or reviewed by an independent certified public accountant. Financial statements from organizations that receive \$1 million or more in annual contributions must be audited by an independent certified public accountant.

**Organizations may request a 180 day extension for filing of financial documents.** Failure to provide financial documents within the 180 extension period will result in automatic suspension of your registration. [s. 496.407(1), (3), F.S.]

**Item #27**

Indicate by checking the appropriate box if a copy of the signed CPA review or audit is attached. [s. 496.407(1)(d), F.S.]

**Item #28**

**If a sponsor**, answer questions a – d as directed.

**Item #29**

Provide the name and contact information for the person responsible for completing the application.

## PARENT ORGANIZATIONS / PARENT SPONSORS

You must submit financial statements for the parent organization and **each** chapter, branch, or affiliate listed in question #8a or in the Supplemental Consolidated Financial Statement on the Registration Application. However, *if* all contributions received by the chapters, branches, or affiliates are remitted directly into a depository account which feeds directly into the parent organization's centralized accounting system from which all disbursements are made, the parent organization may submit one consolidated financial statement or IRS form 990 with all attachments, or form 990-EZ and Schedule O. Please complete the financial statement as a **consolidated** financial statement (i.e. the financial information for all branches should be combined with the main parent organization into a single financial statement upon which one registration fee will be based). Additionally, an individual tax return or financial statements must be submitted for each chapter, branch, or affiliate that is required to file such forms.

**IMPORTANT:** Every charitable organization or sponsor which is required to register under s. 496.405, F.S., or is exempt under s. 496.406(1)(d) shall conspicuously display the following statement on every solicitation, confirmation, receipt, or reminder of a contribution: "A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE." The statement must include a toll-free number and website for the division that can be used to obtain the registration information. When the solicitation consists of more than one piece, the statement must be displayed prominently in the solicitation materials. If the solicitation occurs on a website, the statement must be conspicuously displayed on any webpage that identifies a mailing address where contributions are to be sent, identifies a telephone number to call to process contributions, or provides for online processing of contributions. **NOTE:** It is not required to post the disclosure statement on every page of a website. **The toll-free number of the department is 1-800-HELP-FLA (435-7352) – calling from within the state of Florida, or (850) 410-3800 – calling from outside of Florida. The department's website is [www.800helpfla.com](http://www.800helpfla.com).** [s. 496.412(1)(c), F.S.]

## REGISTRATION FEES FOR CHARITABLE ORGANIZATIONS/SPONSORS [s. 496.405(4)(a), F.S.]

### GUIDE FOR CALCULATING FEES:

Due to the diversity in reporting practices, this should only be used as a guide.

When submitting lists for clarification, acronyms and abbreviations should not be used.

Duly registered 501(c) entities may be determined by accessing the [Gift Givers' Guide](http://www.800helpfla.com) at [www.800helpfla.com](http://www.800helpfla.com).

**Pursuant to s. 496.404(5), F.S.**, "Contribution" means the promise, pledge, or grant of any money or property, financial assistance, or any other thing of value in response to a solicitation. "Contribution" includes, in the case of a charitable organization or sponsor offering goods and services to the public, the difference between the direct cost of the goods and services to the charitable organization or sponsor and the price at which the charitable organization or sponsor or any person acting on behalf of the charitable organization or sponsor resells those goods or services to the public.

“Contribution” does not include bona fide fees, dues, or assessments paid by members, provided that membership is not conferred solely as consideration for making a contribution in response to a solicitation. “Contribution” also does not include funds obtained by a charitable organization or sponsor pursuant to government grants or contracts, or obtained as an allocation from a United Way organization that is duly registered with the department or received from an organization that is exempt from federal income taxation under s. 501(a) of the Internal Revenue Code and described in s. 501(c) of the Internal Revenue Code that is duly registered with the department.

**Contributions may be from the following sources:**

- public;
- in-kind non-cash values;
- federated campaign revenues less revenues received from a duly registered 501(c) (a list should be submitted including complete name and amounts);
- “pass through” revenues less revenues received from a duly registered 501(c) (a list should be submitted including complete name and amounts);
- net from fundraising events;
- related organizations less revenues from a duly registered 501(c) (a list should be submitted including complete name and amounts);
- net program service revenue (program service revenue minus revenue from government contracts, i.e. medicare, medicaid, less program service expense);
- royalties;
- net rent less rents received from a duly registered 501(c) (a list should be submitted including complete name and amounts);
- net revenue from sale of donated assets;
- net revenue from gaming;
- net from sale of inventory;
- other miscellaneous revenues.

**Non-contributions may be from the following sources:**

- revenues from duly registered 501(c) entities (a list should be submitted including complete name and amounts);
- membership dues;
- revenues from direct government grants (a list should be submitted including complete name and amounts);
- revenues from government contracts (a list should be submitted including complete name and amounts);
- dividends, interests, etc.;
- sale of assets from investments.

**For contributions received the preceding fiscal year:**

	<b>Fee</b>
a. Less than \$5,000 with or without paid officers .....	\$ 10
b. \$25,000 or less, no compensated employees, no part of the assets or income inures to the benefit of any officer or member, or no professional solicitors/consultants .....	\$ 10
c. \$5,000 or more, but less than \$100,000 .....	\$ 75
d. \$100,000 or more, but less than \$200,000 .....	\$ 125
e. \$200,000 or more, but less than \$500,000 .....	\$ 200
f. \$500,000 or more, but less than \$1,000,000 .....	\$ 300
g. \$1,000,000 or more, but less than \$10,000,000 .....	\$ 350
h. \$10,000,000 or more .....	\$ 400

**Note: A parent organization or sponsor filing on behalf of one or more chapters, branches, or affiliates shall total all contributions received by them to determine registration fees.**

## **LATE FEES**

A charitable organization or sponsor which fails to renew their registration by the annual due date shall be assessed a late fee of \$25 for each month or part of a month from the date of expiration. However, charitable organizations or sponsors may request a 180 day extension to file their financial statement by contacting the department. *[s. 496.405(4)(b), F.S.]*

### **SEND COMPLETED REGISTRATION APPLICATION, DOCUMENTATION AND A CHECK OR MONEY ORDER, MADE PAYABLE TO FDACS:**

FDACS  
Solicitation of Contributions  
P.O. Box 6700  
Tallahassee, FL 32314-6700

### **Mail overnight packages to:**

FDACS  
Solicitation of Contributions  
407 S. Calhoun St., First Floor  
Attention: Finance and Accounting  
Tallahassee, FL 32399-0800

## **COLLECTION RECEPTACLES**

Collection receptacles used to collect donated clothing, household items, and other goods for resale must display a permanent sign or label on each side printed in letters that are at least 3 inches in height and no less than one-half inch in width, in a color that contrasts with the color of the collection receptacle which contains the name, business address, telephone number, and registration number of the charitable organization or sponsor for whom the solicitation is made. Upon request, a charitable organization or sponsor using a collection receptacle must provide the donor with documentation of its tax-exempt status and the registration issued under this chapter. *[s. 496.4121, F.S.]*

## **CHANGES TO INFORMATION FILED**

Any changes to the information for questions 19-24 submitted to the department on the initial registration statement or the last renewal statement must be reported to the department within 10 days after the change occurs using the Solicitation of Contributions Material Change Form, FDACS-10118, 01/15, as incorporated in Rule 5J-7.004(5), F.S. This form can be found online at [www.800helpfla.com](http://www.800helpfla.com) or by calling 800-HELP-FLA (435-7352 inside Florida or (850) 410-3800 outside Florida. *[s. 496.405(1)(b), F.S.]*





Florida Department of Agriculture and Consumer Services
Division of Consumer Services

CHARITABLE ORGANIZATIONS / SPONSORS
REGISTRATION APPLICATION

ADAM H. PUTNAM
COMMISSIONER

Solicitation of Contributions Act
Chapter 496, Florida Statutes
Rule 5J-7.004, Florida Administrative Code

1-800-HELP-FLA (435-7352) • 850-410-3800 Calling Outside Florida
www.800helpfla.com • 850-410-3804 Fax

Make Check or Money Order
Payable to FDACS and remit
with application to:

FDACS
Solicitation of Contributions
P.O. Box 6700
Tallahassee, FL 32314-6700

All documents and attachments submitted with this application are subject to public review pursuant to Chapter 119, F.S. PLEASE TYPE OR PRINT. Additional pages may be attached if additional space is needed using the same format. Please ensure that all attachments reflect the organization's name or registration number and the number of the corresponding question. All fees are non-refundable.

Business Information

Form fields for Business Information: New Application, Renewal, CH, DTN (as listed on the preprinted renewal application)

1. Legal Name of Organization:

\* Fictitious (DBA) Name:

\*If you are a Florida organization, all fictitious names must be registered with the Florida Department of State, Division of Corporations. If business is a corporation then 'Name' is the legal name of the business as listed with the Division of Corporations.

Other Names Soliciting As:

2. Street Address (include APT or SUITE # in all address lines; addresses must match those filed with the Division of Corporations; do not use a mail drop):

Form fields for Street Address: City, State, Zip Code

Mailing Address (if different from above):

Form fields for Mailing Address: City, State, Zip Code

3. Telephone Number:

Fax Number:

Form fields for Telephone and Fax Numbers: ( ) -

Email Address for Organization:

Website:

4. Registration Application Type: [ss. 496.404(1), 496.404(18), 496.404(25), F.S.]

- Charitable, Charitable/Parent, Sponsor, Sponsor/Parent

5. Form of organization: [ss. 496.405(2) (f), F.S.]

- Corporation, LLC, Partnership, Sole Proprietorship, Other (please describe):

Date incorporated or legally established:

State:

Form fields for Date and State: / /

6. Federal Employer ID Number [s. 119.092, F.S.]:

Form field for Federal Employer ID Number: -

Org Code: 42 10 06 25 000
EO: A2
Object Code: 001133 \$10.00 - \$400.00

**7. List all officers, directors, trustees, and principal salaried executive personnel:** Exemptions from public records apply to certain personal information about current or former - law enforcement officers, judges, prosecutors, public defenders, firefighters, code enforcement officers, guardians ad litem and their families. For a complete list of exemptions, see s. 119.071(4), F.S. If you qualify for one of these exemptions, please do not list your residence address and phone number. [s. 496.405(2)(g)2, F.S., s. 496.405(d)(5), (6), F.S.] (attach additional sheets as necessary using the same format)

<b>Name:</b> <hr/> <b>Title:</b> <hr/> <b>Street Address:</b> <hr/> <b>City:</b> <hr/> <b>State:</b> <b>Zip Code:</b> <hr/> <b>Telephone Number:</b> <b>Compensated?</b> (        )                      - <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Criminal History:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Exempt from public records [s. 119.071(4), F.S.]</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Name:</b> <hr/> <b>Title:</b> <hr/> <b>Street Address:</b> <hr/> <b>City:</b> <hr/> <b>State:</b> <b>Zip Code:</b> <hr/> <b>Telephone Number:</b> <b>Compensated?</b> (        )                      - <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Criminal History:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Exempt from public records [s. 119.071(4), F.S.]</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
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<b>Name:</b> <hr/> <b>Title:</b> <hr/> <b>Street Address:</b> <hr/> <b>City:</b> <hr/> <b>State:</b> <b>Zip Code:</b> <hr/> <b>Telephone Number:</b> <b>Compensated?</b> (        )                      - <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Criminal History:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Exempt from public records [s. 119.071(4), F.S.]</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Name:</b> <hr/> <b>Title:</b> <hr/> <b>Street Address:</b> <hr/> <b>City:</b> <hr/> <b>State:</b> <b>Zip Code:</b> <hr/> <b>Telephone Number:</b> <b>Compensated?</b> (        )                      - <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Criminal History:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Exempt from public records [s. 119.071(4), F.S.]</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
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<b>Name:</b> <hr/> <b>Title:</b> <hr/> <b>Street Address:</b> <hr/> <b>City:</b> <hr/> <b>State:</b> <b>Zip Code:</b> <hr/> <b>Telephone Number:</b> <b>Compensated?</b> (        )                      - <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Criminal History:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Exempt from public records [s. 119.071(4), F.S.]</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Name:</b> <hr/> <b>Title:</b> <hr/> <b>Street Address:</b> <hr/> <b>City:</b> <hr/> <b>State:</b> <b>Zip Code:</b> <hr/> <b>Telephone Number:</b> <b>Compensated?</b> (        )                      - <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Criminal History:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Exempt from public records [s. 119.071(4), F.S.]</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
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**12. Has your organization been granted tax exempt status by the Internal Revenue Service?** [s. 496.405(2)(f), F.S.]

- Yes** 501(c)\_\_\_\_\_ **If yes, you must attach a copy of the tax exemption determination letter from the IRS.**  
*(insert number)*
- No**
- Pending** *(tax exemption determination letter must be submitted with renewal or 30 days after receipt)*
- Revoked**

**13. What is the purpose for which the organization is organized?** *(Briefly and concisely explain the purpose for which your organization was created. It is best to summarize this information in your own words. Use only the space provided.)* [s. 496.405(2)(b), F.S.]

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**14. What is the purpose for which the contributions will be used?** *(Briefly and concisely explain the purpose for which contributions will be used. Use only the space provided. Do not reference 990 or include an attachment.)* [s. 496.405(2)(b), F.S.]

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**15. List major program activities:** *(Briefly and concisely list the main activities in which your organization participates in order to accomplish the purpose stated in the previous question. Use only the space provided.)* [s. 496.405(2)(g)4, F.S.]

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**16. Does the charitable organization or sponsor employ a professional solicitor?** [s. 496.405(2)(e), F.S.]

- Yes**    **No**   **If yes, attach a copy of the current contract, and provide the following information for each.**  
*(attach additional sheets as necessary using the same format)*

**Name:**

**Address:**

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_ - \_\_\_\_\_

**Telephone Number:**  
( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**Florida Registration Number:**  
**SS-** \_\_\_\_\_

**Dates of contract:**

**Beginning Date:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
*Month Day Year*

**End Date:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
*Month Day Year*

**17. Does the charitable organization or sponsor employ a professional fundraising consultant?** [s. 496.405(2)(e), F.S.]

- Yes**    **No**   **If yes, attach a copy of the current contract, and provide the following information for each.**  
*(attach additional sheets as necessary using the same format)*

**Name:**

**Address:**

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_ - \_\_\_\_\_

Telephone Number:  
( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Florida Registration Number:  
FC- \_\_\_\_\_

Dates of contract:  
Beginning Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

End Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

**18. Does the charitable organization or sponsor utilize a commercial co-venturer?** [s. 496.405(2)(e), F.S.]

Yes  No **If yes, attach a copy of the current contract, and provide the following information for each.**  
(attach additional sheets as necessary using the same format)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number:  
( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Dates of contract:  
Beginning Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

End Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

**NOTE:** Any change to the responses provided to Questions 19-24 must be reported to the department within 10 days after the change occurs. (s. 496.405(1)(b), F.S.) The Solicitation of Contributions Material Change Form, FDACS-10118, Rev. 01/15, as incorporated in Rule 5J-7.004(5), F.S., This form can be found online at [www.800helpfla.com](http://www.800helpfla.com).

**19. Is this charitable organization/sponsor authorized by any other state to solicit contributions?** [s. 496.405(2)(d)1, F.S.]  
 Yes  No

**20. Has the charitable organization/sponsor entered into an assurance of voluntary compliance (AVC) or agreement similar to that set forth in s. 496.420, Florida Statutes in any jurisdiction?** (This is not common.)  
[s. 496.405(2)(d)4, F.S.]

Yes  No **If yes, attach a copy of the agreement.**

**21. Has the charitable organization or sponsor or any of its officers, directors, trustees, or employees, regardless of adjudication, been convicted of, or found guilty of, or pled guilty or nolo contendere to, or been incarcerated within the last 10 years as a result of having previously been convicted of, or found guilty of, or pled guilty or nolo contendere to, any felony within the last 10 years?** [s. 496.405(2)(d)5, F.S.]

Yes  No **If yes, please provide the following information for each individual:** (attach additional sheets as necessary using the same format)

Name: \_\_\_\_\_

Nature of offense: \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

Court having jurisdiction: \_\_\_\_\_

Disposition of offense: \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

Does this individual engage in solicitation activities?  Yes  No

**22.** Has the charitable organization/sponsor or any of its officers, directors, trustees, or employees, regardless of adjudication, been convicted of, or found guilty of, or pled guilty or nolo contendere to, or been incarcerated within the last 10 years as a result of having previously been convicted of, or found guilty of, or pled guilty or nolo contendere to, any crime involving fraud, theft, larceny, embezzlement, fraudulent conversion, misappropriation of property, or any crime enumerated in this chapter or resulting from acts committed while involved in the solicitation of contributions within the last 10 years? [s. 496.405(2)(d)6, F.S.]

Yes  No If yes, please provide the following information for each individual: (attach additional sheets as necessary using the same format)

Name:

Nature of offense:

Date:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Month Day Year

Court having jurisdiction:

Disposition of offense:

Date:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Month Day Year

Does this individual engage in solicitation activities?  Yes  No

**23.** Has the charitable organization/sponsor or any of its officers, directors, trustees, or principal salaried executive personnel been enjoined in any jurisdiction from soliciting contributions or been found to have engaged in unlawful practices in the solicitation of contributions or administration of charitable assets?

[s. 496.405(2)(d)2,(2)(d)7, F.S.]

Yes  No

If yes, please provide the following information for each individual (attach additional sheets as necessary using the same format).

Name:

Court issuing the injunction:

Date of injunction:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Month Day Year

**24.** Has the charitable organization/sponsor had its registration or authority denied, suspended, or revoked by any governmental agency? [s. 496.405(2)(d)3, F.S.]

Yes  No

If yes, please explain the reasons for the denial, suspension or revocation:

**25.**  I have attached the conflict of interest annual certification to this registration application. [s. 496.4055, F.S.]

**26.** Indicate the type of financial statement you are filing for the immediately preceding fiscal year ending

\_\_\_\_/\_\_\_\_/\_\_\_\_: [s. 496.405(2)(a), F.S.]

Budget (newly formed organizations only)

Department's financial statement form - See pages 8-10

990 and all attachments - See item #26 of instructions for completing the Financial Statement

990-EZ and Schedule O - See item #26 of instructions for completing the Financial Statement

180 Day Extension requested for financial statement only. (Failure to file a financial statement within the 180 days will result in an automatic suspension of your registration.) [s. 496.405(1)(d)2, F.S.]

**27.** Charitable organizations or sponsors that receive at least \$500,000 in annual contributions must have their financial statement reviewed or audited by an independent certified public accountant. If annual contributions are more than \$1 million, then the financial statement must be audited by an independent certified public accountant. [s. 496.407(1)(d), F.S.]

Attached is a copy of signed CPA review or audit  Yes  No



**FINANCIAL STATEMENT**

**FOR FISCAL YEAR ENDING** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
*(Please use department material change form if your organization's fiscal year ending changes.)*

NAME OF CHARITABLE ORGANIZATION \_\_\_\_\_ CH \_\_\_\_\_ DTN \_\_\_\_\_  
 FOR RENEWALS \_\_\_\_\_

**Is this a consolidated financial statement for chapters, branches, or affiliates?**     Yes     No

**NOTE:** In lieu of using this financial statement you may send the **IRS Form 990** and **all** attached schedules or the **IRS Form 990EZ** and Schedule O.

**\*\* IRS 990N E-Postcard and IRS 990-PF are not acceptable Financial Statements.**

**REVENUE**

- |  |            |            |
|--|------------|------------|
| <b>1. Federated campaigns:</b><br><i>(must provide a list of sources and amounts)</i>                    |            | 1. _____   |
| <b>2. Government grants:</b><br><i>(must provide a list of sources and amounts)</i>                      |            | 2. _____   |
| <b>3. Program service revenue:</b>   |            | 3. _____   |
| <b>4. Membership dues:</b>   |            | 4. _____   |
| <b>5. Income from interest, dividends, etc.</b>  |            | 5. _____   |
| <b>6. Income from investments &amp; tax-exempt bond proceeds:</b>  |            | 6. _____   |
| <b>7. Sale of assets other than inventory:</b>   |            |            |
| a. Gross sales   | 7a. _____  |            |
| b. Less sales expenses   | 7b. _____  |            |
| c. Net gain or (loss) from sale of assets  |            | 7c. _____  |
| <b>8. In-kind contributions (non-cash contributions):</b>  |            | 8. _____   |
| <b>9. Royalties:</b>   |            | 9. _____   |
| <b>10. Related organizations:</b> <i>(Must provide a list of sources and amounts)</i>                    |            | 10. _____  |
| <b>11. Net rental income:</b>  |            | 11. _____  |
| <b>12. Sales of inventory:</b>   |            |            |
| a. Gross sales   | 12a. _____ |            |
| b. Less: costs of goods sold   | 12b. _____ |            |
| c. Net income or (loss) from inventory sales   |            | 12c. _____ |
| <b>13. Income from fundraising events:</b>   |            |            |
| a. Gross   | 13a. _____ |            |
| b. Less: direct expenses   | 13b. _____ |            |
| c. Net income or (loss) from fundraising events  |            | 13c. _____ |
| <b>14. Income from gaming activities:</b>  |            |            |
| a. Gross   | 14a. _____ |            |
| b. Less: direct expenses   | 14b. _____ |            |
| c. Net income or (loss) from gaming activities   |            | 14c. _____ |
| <b>15. All other contributions, gifts, grants &amp; similar amounts:</b>                                 |            | 15. _____  |
| <b>16. TOTAL REVENUE</b><br><i>(Add lines 1,2, 3, 4, 5, 6, 7c, 8, 9, 10, 11, 12c, 13c, 14c &amp; 15)</i> |            | 16. _____  |



**Statement of Functional Expenses for \_\_\_\_\_**  
 (Organization Name)

**CH \_\_\_\_\_**  
 (Renewals Only)

ITEMS	(A) Program Services	(B) Management & General	(C) Fundraising	TOTAL for A,B, C
Grants & allocations Cash _____ Non Cash _____ Attach schedule				
Assistance to individuals				
Benefits to or for members				
Compensation to officers, etc.				
Other salaries, wages, etc.				
Fees for service non employees				
Other benefits, pensions, etc.				
Payroll taxes				
Professional fundraising fees				
Investment management fees				
Accounting fees				
Management				
Legal fees				
Lobbying				
Office supplies				
Telephone				
Postage & shipping				
Equipment rental				
Occupancy				
Printing				
Travel				
Conferences & meetings				
Interest				
Insurance				
Advertising & promotions				
Information technology				
Royalties				
Payments to affiliates				
Depreciation, depletion & amortization				
Other (List Item)				
Other (List Item)				
Other (List Item)				
<b>TOTAL EXPENSES</b>	<b>(A)</b>	<b>(B)</b>	<b>(C)</b>	<b>TOTAL</b>

**EXPENSES:**

17. Program services expenses, including payments to affiliates  
 (Total of column A)

17. \_\_\_\_\_

18. Management & general (Total of column B)

18. \_\_\_\_\_

19. Fundraising (Total of column C)

19. \_\_\_\_\_

20. TOTAL EXPENSES (add lines 17, 18 & 19)

20. \_\_\_\_\_

**NET ASSETS:**

21. Excess (or deficit) for the year (line 16 less line 20)

21. \_\_\_\_\_

22. Net assets of fund balance at beginning of year

22. \_\_\_\_\_

23. Net assets or fund balance at end of year (add lines 21 & 22)

23. \_\_\_\_\_

**BALANCE SHEET:**

Cash, savings and investments  
Land and building  
Other assets (describe on separate sheet)  
**Total assets**  
**Total liabilities (describe on separate sheet)**  
**Total assets or fund balance**

(A) Beginning of Year	(B) End of Year
(From Line 22)	(From Line 23)

# SUPPLEMENTAL CONSOLIDATED FINANCIAL STATEMENT

Parent Organization Name \_\_\_\_\_

CH # \_\_\_\_\_  
*(Renewals Only)*

This form is required and may be reproduced to accommodate all affiliate locations. Additional pages may be attached if additional space is needed using the same format.

**1. Name:**

\_\_\_\_\_

**Street Address:**

\_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_ - \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_  
( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Total contributions received in the name of Chapter, Branch or Affiliate	\$	_____
Total Administrative costs accessed by Parent to Chapter, Branch or Affiliate	\$	_____
Total payments to Chapter, Branch or Affiliate	\$	_____

**2. Name:**

\_\_\_\_\_

**Street Address:**

\_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_ - \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_  
( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Total contributions received in the name of Chapter, Branch or Affiliate	\$	_____
Total Administrative costs accessed by Parent to Chapter, Branch or Affiliate	\$	_____
Total payments to Chapter, Branch or Affiliate	\$	_____

**3. Name:**

\_\_\_\_\_

**Street Address:**

\_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_ - \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_  
( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Total contributions received in the name of Chapter, Branch or Affiliate	\$	_____
Total Administrative costs accessed by Parent to Chapter, Branch or Affiliate	\$	_____
Total payments to Chapter, Branch or Affiliate	\$	_____