



Office of the Secretary of State  
Corporations & Charities Division

Mailing Address: Po Box 40234 • Olympia, WA 98504 - 0234

Phone: 360 - 725 - 0378 • Web Address: [www.sos.wa.gov/corps](http://www.sos.wa.gov/corps)

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- No fee
- Expedite fee \$50

## COMMERCIAL FUNDRAISER AMENDMENT

### RCW 19.09

Registration Number, Organization Name, and Signature are **required**. If amending any other sections please ensure that the entire section is completed.

<b>ORGANIZATION INFORMATION</b>	Registration # _____
Organization Name: _____	
Also known as (Names): _____	
Federal EIN/Tax ID Number: (Nine digits) _____	
<b>UBI Number:</b> _____ <b>Jurisdiction:</b> _____ <small>Org Name must match the name associated to the UBI # Jurisdiction is State/Country of Incorporation.</small>	
<b>ORGANIZATION CONTACT INFORMATION</b>	
Organization Email: _____	
Organization Website: (optional) _____	
Organization Phone Number: _____	

Registration # \_\_\_\_\_

**ORGANIZATION'S CONTACT INFORMATION**

Continued from page 1

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

(Check one)  Yes  No

**If Yes**, and mailing address is in WA state then **County is required** in the street address box.

**If no**, then please provide at the minimum the City, State and Zip in the street address box. If state is WA then the **County is required**.

Organization Mailing Address:

Country: \_\_\_\_\_

Address 1: \_\_\_\_\_  
\_\_\_\_\_

Address 2: \_\_\_\_\_  
\_\_\_\_\_

Zip: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Organization Street Address:

Country: \_\_\_\_\_

Address 1: \_\_\_\_\_  
\_\_\_\_\_

Address 2: \_\_\_\_\_  
\_\_\_\_\_

Zip: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ County: \_\_\_\_\_

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

If Yes, a list of other address(s) used **must** be enclosed.

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

**SURETY BOND**

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

(Check one)  Yes  No (A surety bond is required)

If Yes: No attachment required. If No: Please enclose proof of the surety bond with this filing. (This is required)

(Check one)  **Bond Expiration Date:** \_\_\_\_\_ **or**  **Perpetual**

(**Must** match what is listed on bond document)

Has the organization's Surety Bond been cancelled? (Check one)  Yes  No If no, continue to next page

If yes, a new surety bond must be provided within 30 days of the cancellation. Please provide the cancellation date.

Bond Cancellation Date: \_\_\_\_\_

Registration # \_\_\_\_\_

**ORGANIZATION'S FINANCIAL INFORMATION**

Does the organization need to change the First Accounting Year End Date that was reported on the initial Registration form? (Check one)  Yes  No If no, please continue to the next section.

If yes, please provide the new First Full Accounting Year End Date: \_\_\_\_\_

Has the organization's accounting year changed? (Check one)  Yes  No

**If Yes**, please provide the new accounting year as well as the effective date. Please include a fiscal short report, showing the organization's financial figures from the short year. Figures should show financials from the previous fiscal year ending date to the new fiscal year beginning date. (This is to ensure there are no financial gaps on record).

**If No**, please do not fill out the below fields and continue to the next page.

New Accounting Year Beginning Date: \_\_\_\_\_

New Accounting Year Ending Date \_\_\_\_\_

Effective date of fiscal year change \_\_\_\_\_

**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 field.

Organization's <b>Former</b> Accounting Year Ending Date _____	Organization's <b>New</b> Accounting Year Beginning Date _____
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**Revenue:** (Total dollar value of contributions received, via the commercial fundraiser service contract or the charities directly, as a result of services provided)

All contributions received: \$ \_\_\_\_\_

**Expenses:** (Total dollar value of funds, retained by or returned to, the charities for which services were provided)

Amount of Funds: \$ \_\_\_\_\_

Registration # \_\_\_\_\_

**ORGANIZATION'S AMENDED FINANCIAL INFORMATION**

Does the Organization need to make changes to previous year(s) reported financial figures?

(Check one)  Yes  No If Yes, please continue below, the financial preparer section on page 6 will also need to be completed. If No, please continue to page 5.

**AMENDED 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 section. **Do Not** enclose a copy of the organization's 990 form. Actual gross figures are required; rounded to the nearest dollar; net figures or estimates will not be accepted.

Please provide the fiscal year dates and **all** financial figures from the fiscal year, whether figures are amended or not. If the organization wishes to amend multiple years additional sheets **must** be enclosed. Please make multiple copies of this page or follow the same structure as shown below. This will ensure that no errors are made in amending your financial figures.

Organization's Accounting Year Beginning and Accounting Year Ending Date for financial figures to be amended

Beginning Year Date \_\_\_\_\_ Ending Year Date \_\_\_\_\_

**Revenue:** (Total dollar value of contributions received, via the commercial fundraiser service contract or the charities directly, as a result of services provided)

All contributions received: \$ \_\_\_\_\_

**Expenses:** (Total dollar value of funds, retained by or returned to, the charities for which services were provided)

Amount of Funds: \$ \_\_\_\_\_

Does the Organization need to make changes to other previous year(s) reported financial figures?

(Check one)  Yes  No If Yes, please attach additional sheets.

**Solicitation Comments:**


Registration # \_\_\_\_\_

**ORGANIZATION'S FINANCIAL INFORMATION**  
**CONTINUED FROM PAGE 3**

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.

(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

Is the Organization registered to fundraise outside of WA? (Check one)  Yes  No If Yes, please list all states.

**CURRENT OFFICERS OR EMPLOYEES**

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

**Minimum of 1 is required.**

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**CURRENT PERSON(S) ACCEPTING RESPONSIBILITY FOR THE ORGANIZATION**

Check if address and phone number for the individual(s) listed below is the same as the information reported in the Organization's Mailing Address Information section. (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 in WA**

Check if Responsible for CFR in WA

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

Check if Responsible for CFR in WA

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

Registration # \_\_\_\_\_

**CURRENT PERSON(S) ACCEPTING RESPONSIBILITY  
FOR THE ORGANIZATION (CONTINUED FROM PAGE 4)**

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

Check if Responsible for CFR in WA

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

Check if Responsible for CFR in WA

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

Attach an additional sheet if necessary

**ORGANIZATION'S FINANCIAL PREPARER**

**PERSON OR ORGANIZATION THAT PREPARES, REVIEWS, OR AUDITS FINANCIAL INFORMATION,  
IF ANY, OR PERSON OR ENTITY THAT COMPLETED THE SOLICITATION REPORT**

(Required if financial information was amended)

If the Accounting year changed and a short year was reported or the Solicitation Report for the preceding, completed accounting year has been filled out on page 4 the below information must be provided.

Please check one:  Organization (section 1)  Individual (section 2)

**(Section 1) Organization**

**Organization Name:** \_\_\_\_\_

**Representative's First and Last Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**(Section 2) Individual**

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

Registration # \_\_\_\_\_

**ORGANIZATION'S LEGAL INFORMATION**

Has the charitable organization 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? (Check one)  Yes  No If Yes, please complete below and enclose documentation with the registration.

Court (Jurisdiction): \_\_\_\_\_ Case Number: \_\_\_\_\_

Title of Legal Action: \_\_\_\_\_ Date of Legal Action: \_\_\_\_\_

**COMMERCIAL FUNDRAISER SUBCONTRACTORS**

Does the Organization use one or more Commercial Fundraisers to solicit contributions in WA?

(Check one)  Yes  No If Yes, please complete the fields below for each contracted and sub-contracted commercial fundraiser. If necessary, attach an additional sheet labeled "Commercial Fundraiser Subcontractors" and ensure to include all information shown below.

**Name of Company:** \_\_\_\_\_ **Fundraiser Registration Number:** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_ **Zip** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**CHARITY CLIENTS**

Please list the charity clients services are provided for. If needed attach an additional sheet labeled "Charity Clients" and ensure to include all information shown below.

**(1) Organization Name:** \_\_\_\_\_ **Registration Number:** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_ **Zip** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**(2) Organization Name:** \_\_\_\_\_ **Registration Number:** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_ **Zip** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**(3) Organization Name:** \_\_\_\_\_ **Registration Number:** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_ **Zip** \_\_\_\_\_

**Phone:** \_\_\_\_\_

Registration # \_\_\_\_\_

**FILING CORRESPONDENCE ADDRESS**

This address will be sent document(s) regarding this specific filing in addition to document(s) being sent to the organization's mailing address. (Optional)

**Attention to:** \_\_\_\_\_

**Email:** \_\_\_\_\_

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

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**SIGNATURE (Required)**

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.

X \_\_\_\_\_

Signature of Applicant

Printed Name / Title

Date

Contact phone number \_\_\_\_\_

**ALL SUBMISSIONS ARE SUBJECT TO PUBLIC REVIEW**

- Make checks payable to: Secretary of State
- Please do not enclose a copy of the IRS Form 990, 990PF, 990EZ or audited financial statements
- Send regular mail to: Secretary of State • Charities Program • PO Box 40234 • Olympia, WA 98504
- Send overnight/express mail to: Secretary of State • Charities Program • 801 Capitol Way S • Olympia, WA 98501