



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

No fee

Expedite fee \$50

This Box For Office Use Only

COMMERCIAL FUNDRAISER CLOSURE

RCW 19.09

All fields required unless otherwise specified

ORGANIZATION INFORMATION

Registration # _____

Organization Name: _____

If organization's mailing address is no longer valid please provide an address where the closure document(s) can be mailed.

Attention to: _____

Address _____

City _____ State ____ Zip _____

Date of Closure: _____

Closure Reasons:

- Organization no longer exists Organization does not raise funds in WA Organization is not required to register
 Other (fill out below) Previously closed providing final financial figures on page 2.

Other from above: _____

Please continue to page 2 to report the Organization's Final financial figures. If Final financial figures are not ready to be filed the Organization will need to file an updated closure filing to report the figures. This updated filing will need to be mailed in.

Registration # _____

ORGANIZATION'S FINANCIAL INFORMATION

CLOSURE 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.

Organization must be complete with its fiscal year prior to reporting final figures.

Organization's Accounting Year Beginning Date

Organization's Accounting Year Ending 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: \$ _____

Solicitation Comments:

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