



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

This Box For Office Use Only

- Expedited Services \$50
- Initial \$300
- Re-Registration \$300 plus late fee(s)
- \$50 late fee per year \$_____

COMMERCIAL FUNDRAISER REGISTRATION

RCW 19.09

All fields required unless otherwise specified

ORGANIZATION INFORMATION	Registration # _____
Organization Name: _____	
Also known as (Names): _____	
Federal EIN/Tax ID Number: (Nine digits) _____	
UBI Number: _____ Jurisdiction: _____ <small>Org Name must match the name associated to the UBI #. The Jurisdiction is the State/Country of Incorporation.</small>	
ORGANIZATION CONTACT INFORMATION	
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:	Organization Street Address:
<p>Country: _____</p> <p>Address 1: _____</p> <p>_____</p> <p>Address 2: _____</p> <p>_____</p> <p>Zip: _____</p> <p>City: _____</p> <p>State: _____</p>	<p>Country: _____</p> <p>Address 1: _____</p> <p>_____</p> <p>Address 2: _____</p> <p>_____</p> <p>Zip: _____</p> <p>City: _____</p> <p>State: _____ County: _____</p>

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)

Registration # _____

ORGANIZATION'S FINANCIAL INFORMATION

Is the organization new? (Check one) Yes No

If Yes, please provide the fiscal year end date of the first accounting year during which solicitations will be conducted in Washington, then proceed to page 4.

First Accounting Year End Date: _____

If No, please continue to the below fields.

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 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: (Optional)

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

If the Solicitation Report for the preceding, completed accounting year has been filled out on page 3 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