



Office of the Secretary of State
Corporations & Charities Division

Physical/Overnight address Mailing Address
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Tel: 360.725.0377 www.sos.wa.gov/corps

This Box For Office Use Only

- Initial Registration: \$300** *new registration number is issued*
- Re-Registration: \$300 + late fee(s)**
- Late Fee: \$50 per year** \$ _____
- Renewal: \$225**
- To Expedite Filing, Add \$50**

COMMERCIAL FUNDRAISER
INITIAL REGISTRATION / RE-REGISTRATION / ANNUAL RENEWAL
RCW 19.09

All fields required unless otherwise specified **Registration #** _____

ORGANIZATION INFORMATION:

(1) Organization Name: _____

(2) Also known as (AKA) Names: _____

(3) Federal EIN/Tax ID Number: (Nine digits) _____

(4) UBI No.: _____

(5) Jurisdiction: _____ State or Country of formation/incorporation

(6) ORGANIZATION CONTACT INFORMATION:

Organization Email: _____ Organization Phone Number: _____

Organization Website (*optional*): _____

Is the mailing or street address located in WA? (Check one) Yes No

If Yes, please provide County: _____

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

(Check one) Yes No

If Mailing address is a PO Box or PMB and there is no physical address, provide the Zip, City, and State under the Organization Street Address.

Organization Mailing Address

Organization Street Address
(Must be a physical address; No PO Box or PMB)

Address: _____

Zip: _____ City: _____

State: _____ Country: _____

Address: _____

Zip: _____ City: _____

State: _____ Country: _____

Registration # _____

(7) ORGANIZATION'S CONTACT INFORMATION:

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

If Yes, a list of other addresses used **must** be enclosed.

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

(8) SURETY BOND:

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

(Check one) Yes No

If No, enclose proof of the surety bond with this filing. *This is required*

If Yes, no attachment is needed.

(Check one) *Must match what is listed on bond document* **Bond Expiration Date:** _____ **or** **Perpetual**

(9) THREE CURRENT OFFICERS/EMPLOYEES RECEIVING THE GREATEST COMPENSATION:

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

Name: _____ Name: _____

Name: _____

(10) CURRENT PERSON(S) OR OFFICERS ACCEPTING RESPONSIBILITY FOR THE ORGANIZATION:

Check if the address and phone number for the individual(s) listed is the same as the information reported in the Organization's Mailing Address Information on page 1. *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's activities in WA

Responsible for organization's activities in WA

Name: _____ Title: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Responsible for organization's activities in WA

Name: _____ Title: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Responsible for organization's activities in WA

Name: _____ Title: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Are additional officers attached? (Check one) Yes No

If Yes, attachment must be clearly labeled "10 - Current Person(s) Accepting Responsibility"

Registration # _____

(11) ORGANIZATION'S FINANCIAL INFORMATION: *Please see instructions to properly complete this section

11.A - Initial Registrations Only: Has the Organization completed a full accounting year? (Check one) Yes No
An "accounting year" is twelve consecutive months in duration; it generally begins on the first day of the first month and ends on the last day of the twelfth month.

If No, only provide the **First Accounting Year End Date: (mm/dd/yyyy)** _____

If Yes, complete the solicitation report below by providing the accounting year and financial information.

11.B - Renewal / Re-Registration Only: Has the organization's accounting year changed? (Check one) Yes No

If Yes, see instructions prior to completing the solicitation report and submitting the renewal.

If No, complete the solicitation report below

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 line.

Organization's Accounting Year Begin Date

Organization's Accounting Year End Date

(mm/dd/yyyy)

(mm/dd/yyyy)

1. Revenue: All contributions received: \$ _____

Total dollar value of contributions received, via the commercial fundraiser service contract or the charities directly, as a result of services provided.

2. Expenses: Amount of Funds: \$ _____

Total dollar value of funds, retained by or returned to, the charities for which services were provided.

(12) SOLICITATION COMMENTS: (Optional) _____

(13) TYPES OF SOLICITATION:

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, at least one is required.

(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 *Written in options are not recorded*

(14) Is the Organization registered to fundraise outside of WA? (Check one) Yes No

If Yes, list all states: _____

Registration # _____

(15) ORGANIZATION'S FINANCIAL PREPARER: Required if the Solicitation Report on page 3 has been completed.

Person or Business that prepares, reviews, or audits financial information, if any, or Person or Business that completed the Solicitation Report

Please check one and fill out the corresponding section below.

Business - Business's Name: _____

Representative's Name: _____ Title: _____

Address: _____ City: _____ State: _____ Zip: _____

Individual - Name: _____ Title: _____

Address: _____ City: _____ State: _____ Zip: _____

(16) ORGANIZATION'S LEGAL INFORMATION:

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 within the last 10 years, or action is currently pending?

(Check one) Yes No

If Yes, complete the below fields and attach the court documentation for each instance listed.

Court (Jurisdiction): _____ Case Number: _____

Title of Legal Action: _____ Date of Legal Action: _____

"Legal Actions" include any administrative or judicial proceedings alleging that the business has failed to comply with these rules, [RCW 19.09](#), 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 business.

(17) COMMERCIAL FUNDRAISER SUBCONTRACTORS:

Does the Organization use one or more Subcontractor(s) to solicit contributions in WA?

(Check one) Yes No

If Yes, complete the fields below for each contracted and sub-contracted commercial fundraiser. *If necessary, attach an additional sheet labeled "17 - Commercial Fundraiser Subcontractors" be sure to include all information requested above.*

Name of Company: _____ Fundraiser Registration Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____

(18) CHARITY CLIENTS: List the charity client(s) that services are provided for.

If necessary, attach an additional sheet labeled "18 - Charity Clients" - all information requested below must be included.

1. Organization Name: _____ Registration Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ *Entries continued on page 5*

Registration # _____

(18 cont'd) CHARITY CLIENTS: List the charity client(s) that services are provided for.

2. Organization Name: _____ Registration Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____

3. Organization Name: _____ Registration Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____

4. Organization Name: _____ Registration Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____

(19) RETURN ADDRESS FOR THIS FILING: *(optional)*

If provided, the confirmation regarding this specific filing will be sent to the address below, in addition to the Organization's mailing address.

Attention: _____ **Email:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

(20) POSTAL MAIL OPT-IN: By checking the box the organization will not receive email notifications

The organization wants to receive **all** notifications to the organization by postal mail

(21) SIGNATURE

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.

Signature of Applicant _____ Printed Name / Title _____ Date _____

Contact phone number: _____

Must be signed by the officer or owner of the commercial fund-raiser [RCW 19.09.079](#)

ALL SUBMISSIONS ARE SUBJECT TO PUBLIC REVIEW

- **Post mark date is not the received date**
- Be sure to **sign and date** before placing the form in the mail