



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)

- Expedited Services \$50
- Renewal \$40
- Renewal with late fee \$90

This Box For Office Use Only

## CHARITABLE ORGANIZATION RENEWAL

All fields required unless otherwise specified **RCW 19.09**

<b>ORGANIZATION INFORMATION</b>	Registration Number: _____
Organization Name: _____	
Also known as (Names): _____	
<b>Federal EIN/Tax ID Number:</b> (Nine digits) _____ If different than what is currently on record a new IRS determination letter <b><u>MUST</u></b> be attached.	
Is this charitable organization associated with a WA State Corporation or LLC, including Nonprofit (Check one) <input type="checkbox"/> Yes <input type="checkbox"/> No If No, Continue to next question  <b>If Yes, UBI is required</b> UBI Number: _____	
Is this charitable organization associated with a Foreign Corporation or LLC, including Nonprofit (Outside of WA State) (Check one) <input type="checkbox"/> Yes <input type="checkbox"/> No If No, Continue to next section  <b>If Yes, only the Jurisdiction is required below, UBI above is optional.</b>	
Jurisdiction: _____ State/Country incorporated in. <b>Org Name must match the name associated to the UBI #</b>	
<b>Has the organization's Federal Tax Exempt Status changed :</b> (Check one) <input type="checkbox"/> Yes <input type="checkbox"/> No  If Yes, IRS Determination letter must be attached. If organization is one of the following: Church/Church Affiliated, Government Entity, or Annual gross receipts under \$5,000, then automatic exemption applies and an IRS Determination letter is not required. (Check one) <input type="checkbox"/> 115(1) <input type="checkbox"/> 170(c)(1) <input type="checkbox"/> 501(c) (1-27 if not using fillable form): _____  <b>Group Exemption</b> (if group exempt a copy of the central organization's IRS determination letter and a letter from the central organization confirming its relationship with your organization must be submitted )	
<input type="checkbox"/> Church/Church Affiliated <input type="checkbox"/> Government Entity <input type="checkbox"/> Annual gross receipts normally \$5,000 or less	

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

**PURPOSE/MISSION OF THE ORGANIZATION**


**ORGANIZATION'S CONTACT INFORMATION**

Organization Email: _____	Organization Phone Number: _____
Organization Website: (optional) _____	

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:
Country: _____	Country: _____
Address 1: _____	Address 1: _____
Address 2: _____	Address 2: _____
Zip: _____	Zip: _____
City: _____	City: _____
State: _____	State: _____ County: _____

Does the organization 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 if the organization, or a commercial fundraiser operating on its behalf, use any other mailing, street, electronic or internet address(s) to conduct solicitations in Washington State.

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

**ORGANIZATION'S FINANCIAL INFORMATION**

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

**If Yes**, the organization will need to submit an Amendment to be filed **before** the renewal. The Amendment will need to include a fiscal short report, showing the organization's financial figures from the short year.

**If No**, please continue 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 field. **Do Not** enclose a copy of the organization's form 990. Actual gross figures are required; rounded to the nearest dollar; net figures or estimates will not be accepted.

Organization's Accounting Year Beginning Date _____	Organization's Accounting Year Ending Date _____
Beginning Gross Assets: (must be same as ending gross assets from previous year) \$ _____	Ending Gross Assets: \$ _____
Revenue: Gross Contributions from Solicitations: \$ _____	Expenses: Gross Expenditures from Program Services: \$ _____
Gross Revenue from all other sources: \$ _____	Total Gross from All Expenditures: (cannot be less than Expenditures from Program Services) \$ _____
Total Dollar Value of Gross Receipts: (please add figures from Revenue and Gross Revenue and provide total below) \$ _____	

**Solicitation comments:**


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

**ORGANIZATION'S FINANCIAL INFORMATION**  
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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.

\_\_\_\_\_  
\_\_\_\_\_

**THREE, CURRENT OFFICERS/EMPLOYEES RECEIVING THE GREATEST COMPENSATION**

Does the organization pay any of its officer(s) or employee(s)? (Check one)  Yes  No

If Yes, this section must be completed.

**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 is the same as the information reported in the Organization's Mailing Address. (If checked, only the individual's name and title must be reported)

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

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

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

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

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

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

Attach an additional sheet if necessary

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

**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**

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** \_\_\_\_\_

**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 FUNDRAISERS**

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.

**Name of Company:** \_\_\_\_\_ **Fundraiser 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 the 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