



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 \$25
- Re-Registration \$25 plus late fee(s)
- \$50 late fee per year \$_____

CHARITABLE TRUST REGISTRATION

RCW 11.110

All fields required unless otherwise specified

ORGANIZATION INFORMATION			Registration # _____
Organization Name: _____			
Is this a Mixed Trust: (Check one) <input type="checkbox"/> Yes <input type="checkbox"/> No (a mixed trust is a private and a charitable trust combined)			
Establishment of Trust: (Check one below) Trust Instrument <u>MUST</u> be enclosed			
<input type="checkbox"/> Articles of Incorporation & Bylaws UBI/Jurisdiction Required	<input type="checkbox"/> Trust Agreement UBI Number is optional	<input type="checkbox"/> Last Will & Testament UBI Number is optional	<input type="checkbox"/> Probate Order UBI Number is optional
Name of Corporation: _____ _____ _____	Trust Agreement: _____ _____ _____	Inter Vivos of: _____ _____ _____	Estate of: _____ County Probated: _____ Probated Number: _____ Probated Date: _____
Date of Incorporation: _____	Date of Establishment: _____	Date of Establishment: _____	
Name and address of the charitable organization(s) that the trust designates as beneficiary (Optional) (Attach an addition sheet if needed): _____ _____			
UBI Number: _____ Jurisdiction: _____ Jurisdiction is the State/Country of Incorporation. Organization name must match the name that is associated to the UBI #			
Federal EIN/Tax ID Number: (Nine digits) _____			

Registration # _____

ORGANIZATION INFORMATION

Continued from page 1

Federal Tax Exempt Status: (Check one) Yes 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.

If No, please continue

(Check one) 115(1) 170(c)(1) 501(c) (1-27 if not using fillable form): _____

Church/Church Affiliated Government Entity Annual gross receipts normally \$5,000 or less

Summarize the organization's charitable purpose:

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:

Country: _____

Address 1: _____

Address 2: _____

Zip: _____

City: _____

State: _____

Organization Street Address:

Country: _____

Address 1: _____

Address 2: _____

Zip: _____

City: _____

State: _____ County: _____

Registration # _____

ORGANIZATION'S FINANCIAL INFORMATION

Did the organization submit a Federal Tax return to the IRS for the fiscal/accounting year reported? (Check one)

Yes - Please check type of tax return filed: 990 990EZ 990PF 990N Other and continue to fill out the financial information below.

No - Please provide the First Accounting Year End Date and the Beginning Gross Assets below.

First Accounting Year End Date: _____

FINANCIAL 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. The organization's form 990 or other tax form **MUST** be enclosed.

Organization's Accounting Year Beginning Date _____	Organization's Accounting Year Ending Date _____
Beginning Gross Assets: \$ _____	Ending Gross Assets: \$ _____
Total Revenue: \$ _____	Compensation officers/directors/trustees: \$ _____
Grants, Contributions and Program Services: \$ _____	Total Expenses: \$ _____

Registration # _____

OFFICERS, DIRECTORS, TRUSTEES

Check if address and phone number for the individual(s) listed 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)

First Name: _____ **Last Name:** _____

Title: _____ **Phone:** _____

Address _____ **City** _____ **State** _____ **Zip** _____

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

ORGANIZATION'S FINANCIAL PREPARER

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

Registration # _____

ORGANIZATION'S LEGAL INFORMATION

Has the 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: _____

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 charitable trust.
- The information contained herein is accurate and true to the best of the applicant's knowledge.

X _____

Signature of Applicant

Printed Name / Title

Date

Contact phone number _____

Registration # _____

TRUST DIRECTORY (Optional)

Complete this section if the organization wishes to be included in the Washington Charitable Trust Directory:
 Yes No If yes please check which type Grantmaker Grantseeker Both Grantmaker/Grantseeker

Contact person (if different than trustee):

Phone number:

PURPOSE CODES:

Check up to three (3) of the following Purpose Codes to describe the organization's activities:
Note - Purpose Codes are adopted from the National Taxonomy of Exempt Organizations (NTEE).

- | | | |
|--|---|--|
| <input type="checkbox"/> Arts, culture, humanities | <input type="checkbox"/> Employment/jobs | <input type="checkbox"/> Community improvement/development |
| <input type="checkbox"/> Educational institutions & related activities | <input type="checkbox"/> Food, nutrition, agriculture | <input type="checkbox"/> Philanthropy & volunteerism |
| <input type="checkbox"/> Environmental quality, protection | <input type="checkbox"/> Housing/shelter | <input type="checkbox"/> Science |
| <input type="checkbox"/> Animal-related activities | <input type="checkbox"/> Public safety/disaster preparedness & relief | <input type="checkbox"/> Social sciences |
| <input type="checkbox"/> Health - general & rehabilitative | <input type="checkbox"/> Recreation, leisure, sports, athletics | <input type="checkbox"/> Public affairs/society benefit |
| <input type="checkbox"/> Mental health, crisis intervention | <input type="checkbox"/> Youth development | <input type="checkbox"/> Religion/spiritual development |
| <input type="checkbox"/> Disease/disorder/medical disciplines (multipurpose) | <input type="checkbox"/> Human service - other multipurpose | <input type="checkbox"/> Mutual membership benefit organizations |
| <input type="checkbox"/> Medical research | <input type="checkbox"/> International | <input type="checkbox"/> Unknown, unclassifiable |
| <input type="checkbox"/> Public Protection: crime/courts/legal services | <input type="checkbox"/> Civil rights/civil liberties | |

GRANTMAKERS ONLY

Does the organization accept unsolicited applications? (Check one) Yes No

Grants are made to: (Check all that apply) 501 (c)(3) organizations Other organizations Individuals

Average grant size: (Check one) \$5000 or below \$5,001 - \$10,000 \$10,001 - \$25,000 \$25,001 - \$50,000 \$50,001 or above

Geographic service area (check all that apply) Washington State Pacific Northwest United States

Local (describe) _____

Other (describe) _____

Suggested initial approach for grant seekers: (Check all that apply) Letter Request information packet

Telephone call Do not call

Email _____

Other _____