



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

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CHARITABLE ORGANIZATION OPTIONAL REGISTRATION UPDATE

RCW 19.09

ORGANIZATION INFORMATION		Registration # _____
Organization Name: _____		
Also known as (Names): _____		
Federal EIN/Tax ID Number: _____ If different than what is currently on record a new IRS determination letter <u>MUST</u> be attached.	Is this charitable organization associated with any Corporation or LLC <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes UBI is required	UBI Number: _____ Jurisdiction: _____ State/Country incorporated in. Org Name must match the name associated to the UBI #
Has the organization's Federal Tax Exempt Status: (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. If No, please continue (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): _____ <input type="checkbox"/> Church/Church Affiliated <input type="checkbox"/> Government Entity <input type="checkbox"/> Annual gross receipts normally \$5,000 or less		
Purpose/Mission of Organization:		

Registration # _____

ORGANIZATION'S CONTACT INFORMATION

Organization Email: _____

Organization Phone Number: _____

Organization Website: (optional) _____

Organization Mailing Address:

Organization Street Address:

(If no street address, please indicate by providing the City, State and Zip. **If in WA state the County is required**)

Check if Street and Mailing Address are the same (Only if mailing address is **NOT** a PO Box or PMB)

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? Yes No

If the organization uses any other mailing, street, electronic or internet address(s) to conduct solicitations in Washington State? If yes is checked a list of other address(s) used **must** be enclosed.

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: _____

Registration # _____

QUALIFIER FOR OPTIONAL REGISTRATION

(Check all that apply) Are you raising less than \$50,000 a year? Yes No
Church or Integrated Auxiliary? Is anyone paid to carry out the services of the organization? Yes No
Political Organization?
Raising funds for an individual?
Below must be checked
 All information is true and accurate

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