Corporations & Charities System

Staff Console Screen Content for:

- Charities

- Fundraisers

- Trusts

About This Document

This document presents the proposed content of data-entry screens for the Staff Console component of the future Corporations & Charities System. These data-entry screens will be used by division staff to manually enter content from paper filings into the system.

The proposed screen content is based on the online filing user interface mockups prepared by Logic 20/20 and approved by Corporations & Charities Division. There may be data fields presented in this document that the division wishes to collect from online filers but does not wish to collect from paper filers.

Subject matter experts and stakeholders are requested to review and mark up this document. The targeted end product is a list of fields that should be included on each data-entry screen, arranged in the order that will best facilitate efficient entry of the data as it is transcribed from paper documents. Ideally the field order on the screen should match the data order on the paper document, but the paper forms currently in use do not necessarily collect all of the desired data. Therefore, when deciding on screen content and field order, reviewers should keep in mind what data they would like to collect on future versions of paper forms and other documents.

Before you begin marking up this document, please ensure that you have turned on the Track Changes feature in Microsoft Word.

Attn. Reviewer – Please enter the name of the person or persons who reviewed this document, below.

This Document Reviewed By:

Table of Contents

Version History

Version	Date	Author	Notes
0.1	1/19/2015	Jeff Parks	Initial draft.
1.0	5/14/2015	Jeff Parks	Final draft.

1. List of Screens

This section presents a list of the screens for which content is proposed in this document, along with the section number in which the screen's contents are detailed in this document. Each screen represents a different type of filing that can be entered into the system. Reviewers should begin by confirming that:

1. The screens are correctly named.
2. All necessary screens are listed here.

Charities Screens

- Register Charitable Organization (Section 2.1.1)
- Amend Charitable Organization (Section 2.1.2)
- Renew Charitable Organization (Section 2.1.3)
- Close Charitable Organization (Section 2.1.4)
- Register Fundraising Service Contract (Section 2.1.5)
- Register Exempt Charitable Organization (Section 2.1.6)
- Amend Exempt Charitable Organization (Section 2.1.7)
- Renew Exempt Charitable Organization (Section 2.1.8)
- Close Exempt Charitable Organization (Section 2.1.9)

Fundraisers Screens

- Register Fundraiser Organization (Section 2.2.1)
- Amend Fundraiser Organization (Section 2.2.2)
- Renew Fundraiser Organization (Section 2.2.3)
- Close Fundraiser Organization (Section 2.2.4)

Trusts Screens

- Register Charitable Trust (Section 2.3.1)
- Amend Charitable Trust (Section 2.3.2)
- Renew Charitable Trust (Section 2.3.3)
- Close Charitable Trust (Section 2.3.4)

2. Screen Contents

When reviewing the contents listed for each screen, keep in mind that it is not always necessary to record each piece of data included on a paper filing. The data that is manually entered into the system should serve a business purpose. Additional data not entered into the system will remain accessible via the document image stored in the system. Also, remember that you are asked to review not just for content, but also for the order of the fields, and it is likely that Corporations & Charities Division will need to re-design some of its paper forms to support changes to the data that the division wishes to collect.

Before you begin to review the screen contents, please familiarize yourself with this key to the notation used to present the contents:

Element	Description
Plain text	Represents either a field name or a question that proceeds selectable options.
Bolded text	Represents a section heading.
[Square-bracketed text]	Represents a button.
<Angle-bracketed text>	Represents text where the actual text that will appear is the text described inside the brackets.
☐	Represents a check box. Each check box is followed by its label.
○	Represents an option. Each option is followed by its label. Only one of the available options can be selected.
(Blue text)	Blue text in parentheses represents notes about the screen contents.

2.1.   Charities Screens

This section details the contents of the Charities screens listed in Section 1.

2.1.1.   Register Charitable Organization

The Register Exempt Charitable Organization screen allows the user to enter data into the system per the customer's registration form.

<u>Fields on this screen</u>

FEIN

Entity name

Entity email   (Required if annual renewal check box is selected.)

☐ Send annual renewal reminders via email

Entity website   (Optional field.)

Entity phone

Entity mailing address

Address 1

Address 2   (Optional field.)

Zip   (Entering zip here enables auto-fill on rest of address.)

City

State

Country

Entity street address

Address 1

Address 2   (Optional field.)

Zip   (Entering zip here enables auto-fill on rest of address.)

City

State

Country

Other addresses used for soliciting

[Add Address]   (Presents another set of address fields like the above. User can add as many
                addresses as necessary.)

Organizational Structure

◯ Non-profit corporation

        Location   (Default is Washington.)

        UBI

        ☐ UBI not provided

        Country   (If user selects "Foreign Country" as Location.)

◯ Other   (Has text entry field.)

Also Known As names   (Optional field. User can add as many as needed.)

Purpose/mission of organization

Federal Tax Exemption
○ Exempt
        Federal Status Type
        IRS Determination Letter attached?
                ○ Yes
                ○ No
○ Non-exempt

If federal tax exempt but not required to apply for IRS ruling/designation, reason(s) why:
☐ Church/church affiliated   (Must select at least one.)
☐ Government entity
☐ Annual gross receipts normally $5,000 or less

Financial Information
Organization has completed a full accounting year
        ○ Yes
                Accounting year beginning date   (Field appears if "Yes" option is selected.)
                Ending date   (Field appears if "Yes" option is selected.)
        ○ No
                First accounting year end date   (Field appears if "No" option is selected.)

(If "Yes" option is selected.)
        Beginning gross assets
        Gross dollar value of all contributions from solicitations
        Gross dollar value of revenue from all other sources
        Total gross receipts   (Calculated by system.)
        Gross dollar value of expenditures for program services
        Total gross dollar value of all expenditures
        Ending gross assets
        Percentage to program   (Calculated by system.)

Solicitation comments   (Optional field.)

☐ Organization solicited or collected contributions in Washington during accounting year reported
        (Below check boxes appear if above check box is selected.)
        ☐ Entertainment/Special Events
        ☐ Telephone

☐ Direct Mail
☐ Product Sale
☐ Personal Contact
☐ Internet
☐ Vehicle/Boat Donations
☐ Newspaper/Magazine/Publication
☐ Advertisement/Coupon Books
☐ Email
☐ Other   (Has text entry field.)

☐ Organization is registered to fundraise outside of Washington
        (Below question & options appear if check box is selected:)
        List of other states where registered is attached?
                ○ Yes
                ○ No

Current officers or persons accepting responsibility for the organization
(For each officer/person who was previously added:)
        First name
        Last name
        ☐ Address & phone same as entity   (Imports entity mailing address.)
        Address 1
        Address 2   (Optional field.)
        Zip   (Entering zip here enables auto-fill on rest of address.)
        City
        State
        Country
        Phone

[Add Another Officer/Person]   (Presents another set of fields like the above. User can add as
                                          many officers/persons as necessary.)

☐ Organization pays any officers or employees
        Name   (Field appears if check box selected. User can enter up to 3 names. Names
                    should be of the 3 highest paid officers or employees.)

Legal Information
Entity name
First name
Last name
Address 1

Address 2   (Optional field.)
Zip   (Entering zip here enables auto-fill on rest of address.)
City
State
Country

☐ Applying organization states that it has legal actions
     (Below question & options appear if check box is selected:)
     Organization has submitted list of legal actions, including court or other forum, case number, title of legal action, and date of each action?
          ○ Yes
          ○ No

Commercial Fundraisers
☐ Organization uses one or more commercial fundraisers to solicit contributions in Washington
     (If check box is selected, user can access search feature that allows fundraisers to be searched on and added. Fundraisers previously added for the charity are already listed, and user can remove them as necessary. Below question & options appear if check box is selected:)

     All reported fundraisers are registered?
          ○ Yes
          ○ No
                    (If "No" option is selected:)
                    Name of unregistered fundraiser   (User can add as many as necessary.)

Authorized Person
Registration includes signature, printed name & title, and signature date for charity's president, treasurer, or comparable officer
          ○ Yes
          ○ No

First Name
Last Name
Title

Contact Information
First Name
Last Name
Phone
E-mail

2.1.2.   Amend Charitable Organization

The Amend Charitable Organization screen allows the user to modify the necessary system fields per the customer's amendment form.

Fields on this screen

Registration number   (When entered, system auto-fills remaining fields with latest data that system has for charity. Registration number is most likely entered during mail receipt process.)

FEIN

Entity name

Entity email   (Required if annual renewal check box is selected.)

☐ Send annual renewal reminders via email

Entity website   (Optional field.)

Entity phone

Entity mailing address

Address 1

Address 2   (Optional field.)

Zip   (Entering zip here enables auto-fill on rest of address.)

City

State

Country

Entity street address

☐ Same as mailing address   (Imports mailing address info.)

Address 1

Address 2   (Optional field.)

Zip   (Entering zip here enables auto-fill on rest of address.)

City

State

Country

(Additional addresses will appear if more addresses have previously been added.)

Other addresses used for soliciting

[Add Address]   (Presents another set of address fields like the above. User can add as many addresses as necessary.)

Organizational Structure

○ Non-profit corporation

    Location   (Default is Washington.)

    UBI

☐ UBI not provided
    Country   (If user selects "Foreign Country" as Location.)
○ Other   (Has text entry field.)

Also Known As names   (Optional field. User can add as many as needed.)

Purpose/mission of organization

Federal Tax Exemption
○ Exempt
    Federal Status Type
    IRS Determination Letter attached?
        ○ Yes
        ○ No
○ Non-exempt

If federal tax exempt but not required to apply for IRS ruling/designation, reason(s) why:
☐ Church/church affiliated   (Must select at least one.)
☐ Government entity
☐ Annual gross receipts normally $5,000 or less

Financial Information
Organization has completed a full accounting year
    ○ Yes
        Accounting year beginning date   (Field appears if "Yes" option is selected.)
        Ending date   (Field appears if "Yes" option is selected.)
    ○ No
        First accounting year end date   (Field appears if "No" option is selected.)

(If "Yes" option is selected.)
    Beginning gross assets
    Gross dollar value of all contributions from solicitations
    Gross dollar value of revenue from all other sources
    Total gross receipts   (Calculated by system.)
    Gross dollar value of expenditures for program services
    Total gross dollar value of all expenditures
    Ending gross assets
    Percentage to program   (Calculated by system.)

Solicitation comments   (Optional field.)

☐ Organization solicited or collected contributions in Washington during accounting year reported

      (Below check boxes appear if above check box is selected.)

      ☐ Entertainment/Special Events

      ☐ Telephone

      ☐ Direct Mail

      ☐ Product Sale

      ☐ Personal Contact

      ☐ Internet

      ☐ Vehicle/Boat Donations

      ☐ Newspaper/Magazine/Publication

      ☐ Advertisement/Coupon Books

      ☐ Email

      ☐ Other   (Has text entry field.)

☐ Organization is registered to fundraise outside of Washington

      (Below question & options appear if check box is selected:)

      List of other states where registered is attached?

         ○ Yes

         ○ No

Current officers or persons accepting responsibility for the organization

(For each officer/person who was previously added:)

      First name

      Last name

      ☐ Address & phone same as entity   (Imports entity mailing address.)

      Address 1

      Address 2   (Optional field.)

      Zip   (Entering zip here enables auto-fill on rest of address.)

      City

      State

      Country

      Phone

[Add Another Officer/Person]   (Presents another set of fields like the above. User can add as many officers/persons as necessary.)

☐ Organization pays any officers or employees

      Name   (Field appears if check box selected. User can enter up to 3 names. Names should be of the 3 highest paid officers or employees.)

Legal Information

Entity name

First name

Last name

Address 1

Address 2   (Optional field.)

Zip   (Entering zip here enables auto-fill on rest of address.)

City

State

Country

☐ Applying organization states that it has legal actions

(Below question & options appear if check box is selected:)

Organization has submitted list of legal actions, including court or other forum, case number, title of legal action, and date of each action?

○ Yes

○ No

Commercial Fundraisers

☐ Organization uses one or more commercial fundraisers to solicit contributions in Washington

(If check box is selected, user can access search feature that allows fundraisers to be searched on and added. Fundraisers previously added for the charity are already listed, and user can remove them as necessary. Below question & options appear if check box is selected:)

All reported fundraisers are registered?

○ Yes

○ No

(If "No" option is selected:)

Name of unregistered fundraiser   (User can add as many as necessary.)

Authorized Person

Registration includes signature, printed name & title, and signature date for charity's president, treasurer, or comparable officer

○ Yes

○ No

First Name

Last Name

Title

Contact Information
First Name
Last Name
Phone
E-mail

2.1.3.   Renew Charitable Organization

The Renew Charitable Organization screen allows the user to modify the appropriate system fields per the information on the customer's renewal form.

<u>Fields on this screen</u>

Registration number (When entered, system auto-fills remaining fields with latest data that system has for charity. Registration number is most likely entered during mail receipt process.)

FEIN

Entity name

Entity email   (Required if annual renewal check box is selected.)

☐ Send annual renewal reminders via email

Entity website   (Optional field.)

Entity phone

Entity mailing address

Address 1

Address 2   (Optional field.)

Zip   (Entering zip here enables auto-fill on rest of address.)

City

State

Country

Entity street address

☐ Same as mailing address   (Imports mailing address info.)

Address 1

Address 2   (Optional field.)

Zip   (Entering zip here enables auto-fill on rest of address.)

City

State

Country

(Additional addresses will appear if more addresses have previously been added.)

Other addresses used for soliciting

[Add Address]   (Presents another set of address fields like the above. User can add as many addresses as necessary.)

Organizational Structure

○ Non-profit corporation

        Location   (Default is Washington.)

        UBI

☐ UBI not provided

Country   (If user selects "Foreign Country" as Location.)
○ Other   (Has text entry field.)

Also Known As names   (Optional field. User can add as many as needed.)

Purpose/mission of organization

Federal Tax Exemption
○ Exempt
           Federal Status Type
           IRS Determination Letter attached?
                     ○ Yes
                     ○ No
○ Non-exempt

If federal tax exempt but not required to apply for IRS ruling/designation, reason(s) why:
☐ Church/church affiliated   (Must select at least one.)
☐ Government entity
☐ Annual gross receipts normally $5,000 or less

Financial Information
Beginning gross assets
Gross dollar value of all contributions from solicitations
Gross dollar value of revenue from all other sources
Total gross receipts   (Calculated by system.)
Gross dollar value of expenditures for program services
Total gross dollar value of all expenditures
Ending gross assets
Percentage to program   (Calculated by system.)
Solicitation comments   (Optional field.)

☐ Organization solicited or collected contributions in Washington during accounting year reported
           (Below check boxes appear if above check box is selected.)
           ☐ Entertainment/Special Events
           ☐ Telephone
           ☐ Direct Mail
           ☐ Product Sale
           ☐ Personal Contact
           ☐ Email
           ☐ Vehicle Donations
           ☐ Internet

☐ Combined Fund Drive
☐ Other   (Has text entry field.)

☐ Organization is registered to fundraise outside of Washington
(Below question & options appear if check box is selected:)
List of other states where registered is attached?
○ Yes
○ No

Current officers or persons accepting responsibility for the organization
(For each officer/person who was previously added:)
First name
Last name
☐ Address & phone same as entity   (Imports entity mailing address.)
Address 1
Address 2   (Optional field.)
Zip   (Entering zip here enables auto-fill on rest of address.)
City
State
Country
Phone

[Add Another Officer/Person]   (Presents another set of fields like the above. User can add as
                                         many officers/persons as necessary.)

☐ Organization pays any officers or employees
Name   (Field appears if check box selected. User can enter up to 3 names. Names
                should be of the 3 highest paid officers or employees.)

Legal Information
Entity name
First name
Last name
Address 1
Address 2   (Optional field.)
Zip   (Entering zip here enables auto-fill on rest of address.)
City
State
Country

☐ Applying organization states that it has legal actions
(Below question & options appear if check box is selected:)

Organization has submitted list of legal actions, including court or other forum, case number, title of legal action, and date of each action?

○ Yes

○ No

Commercial Fundraisers

☐ Organization uses one or more commercial fundraisers to solicit contributions in Washington

(If check box is selected, user can access search feature that allows fundraisers to be searched on and added. Fundraisers previously added for the charity are already listed, and user can remove them as necessary. Below question & options appear if check box is selected:)

All reported fundraisers are registered?

○ Yes

○ No

(If "No" option is selected:)

Name of unregistered fundraiser   (User can add as many as necessary.)

Authorized Person

Registration includes signature, printed name & title, and signature date for charity's president, treasurer, or comparable officer

○ Yes

○ No

First Name

Last Name

Title

Contact Information

First Name

Last Name

Phone

E-mail

2.1.4.   Close Charitable Organization

The Close Charitable Organization screen allows the user to modify system fields or enter new data into the system per the customer's closure form.

Fields on this screen

Registration number   (When entered, system auto-fills remaining fields with latest data that system has for charity. Registration number is most likely entered during mail receipt process.)

FEIN   (Read-only field.)

UBI   (Read-only field.)

Entity name   (Read-only field.)

Entity email

Entity website   (Optional field.)

Entity phone

Entity mailing address

Address 1

Address 2   (Optional field.)

Zip   (Entering zip here enables auto-fill on rest of address.)

City

State

Country

Registration Closure

The organization is voluntarily closing its registration

    ○ Yes

    ○ No

Provide reason: (Appears if Yes is selected.)

    ○ No longer exists in WA

    ○ Doesn't raise $ in WA

    ○ Not required to register

Financial Information – Final Report

Accounting year beginning date

Accounting year ending date

Beginning gross assets

Revenue

Gross dollar value of all contributions from solicitations

Gross dollar value of revenue from all other sources

Total gross receipts   (Calculated by system.)

Expenses

Gross dollar value of expenditures for program services

Total gross dollar value of all expenditures

Percentage to program   (Calculated by system.)

Assets

Ending gross assets

Solicitation comments   (Optional field.)

Closure date

Effective date of closure

    ○ Date of filing

    ○ Specific date   (Has text entry field.)

Authorized Person

Registration includes signature, printed name & title, and signature date for charity's president, treasurer, or comparable officer

    ○ Yes

    ○ No

First Name

Last Name

Title

Contact Information

First Name

Last Name

Phone

E-mail

2.1.5.   Register Fundraising Service Contract

The Register Fundraising Service Contract screen allows the user to enter data into the system per the customer's registration form.

Fields on this screen

Registration number (When entered, system auto-fills remaining fields with latest data that system has for charity. Registration number is most likely entered during mail receipt process.)

FEIN
UBI
Entity name
Entity email
Entity phone

Entity mailing address

Address 1
Address 2   (Optional field.)
Zip   (Entering zip here enables auto-fill on rest of address.)
City
State
Country

Commercial fundraiser representative responsible for fundraising in Washington

Individual's name

Types of fundraising services provided by commercial fundraiser

☐ Entertainment/Special Events
☐ Telephone
☐ Direct Mail
☐ Product Sale
☐ Personal Contact
☐ Internet
☐ Vehicle/Boat Donations
☐ Newspaper/Magazine/Publication
☐ Advertisement/Coupon Books
☐ Email
☐ Other   (Has text entry field.)

Commercial fundraiser information

Commercial fundraiser's name

Commercial fundraiser's registration number

Phone

Email address

Commercial fundraiser mailing address

Address 1

Address 2   (Optional field.)

Zip   (Entering zip here enables auto-fill on rest of address.)

City

State

Country

Contract term dates

Contract term begin date

Contract term end date

☐ Contract is perpetual with no end date   (Deletes any value in "Contract term end date" if
                                                                                  selected.)

Date fundraising will begin

Date fundraising will end

Subcontractors utilized in conduct of solicitation

Subcontractor's business name

Contact first name

Contact last name

Subcontractor's registration number

Phone

Email address

Address 1

Address 2

Zip   (Entering zip here enables auto-fill on rest of address.)

City

State

Country

Contract submittal

Customer has submitted copy of signed, written contract/agreement between charitable organization
and commercial fundraiser?

      ○ Yes

      ○ No

Authorized Person

Registration includes signature, printed name & title, and signature date for charity's president, treasurer, or comparable officer

      ○ Yes

      ○ No

First Name

Last Name

Title

Charity's president, treasurer, or comparable officer

      ○ Yes

      ○ No

First Name

Last Name

Title

Contact Information

First Name

Last Name

Phone

E-mail

2.1.6.   Register Exempt Charitable Organization

The Register Exempt Charitable Organization screen allows the user to enter data into the system per the customer's registration form.

<u>Fields on this screen</u>

FEIN
Entity name
Entity email   (Required if annual renewal check box is selected.)
☐ Send annual renewal reminders via email
Entity website   (Optional field.)
Entity phone

Entity mailing address
Address 1
Address 2   (Optional field.)
Zip   (Entering zip here enables auto-fill on rest of address.)
City
State
Country

Entity street address
Address 1
Address 2   (Optional field.)
Zip   (Entering zip here enables auto-fill on rest of address.)
City
State
Country

Exemption qualification
Is anyone compensated for soliciting or collecting contributions in WA on the organization's behalf?
        ○ Yes
        ○ No

Basis of exemption
        ○ Raising less than $50,000 per year, or all activities including fundraising are unpaid
                (This option is not available if "Yes" is selected above.)
        ○ Church or integrated auxiliary
        ○ Political organization
        ○ Appeals on behalf of a specific individual or family unit expended solely for the individual's
direct benefit

Organizational Structure

○ Non-profit corporation

       Location   (Default is Washington.)

       UBI

       ☐ UBI not provided

       Country   (If user selects "Foreign Country" as Location.)

○ Other   (Has text entry field.)

Also Known As names   (Optional field. User can add as many as needed.)

Purpose/mission of organization

Federal Tax Exemption

○ Exempt

       Federal Status Type

       IRS Determination Letter attached?

              ○ Yes

              ○ No

○ Non-exempt

If federal tax exempt but not required to apply for IRS ruling/designation, reason(s) why:

☐ Church/church affiliated   (Must select at least one.)

☐ Government entity

☐ Annual gross receipts normally $5,000 or less

Authorized Person

Registration includes signature, printed name & title, and signature date for charity's president, treasurer, or comparable officer

       ○ Yes

       ○ No

First Name

Last Name

Title

Contact Information

First Name

Last Name

Phone

E-mail

2.1.7.   Amend Exempt Charitable Organization

The Amend Exempt Charitable Organization screen allows the user to enter data into the system per the customer's amendment form.

<u>Fields on this screen</u>

Registration number (When entered, system auto-fills remaining fields with latest data that system has for charity. Registration number is most likely entered during mail receipt process.)

FEIN

Entity name

Entity email   (Required if annual renewal check box is selected.)

☐ Send annual renewal reminders via email

Entity website   (Optional field.)

Entity phone

Entity mailing address

Address 1

Address 2   (Optional field.)

Zip   (Entering zip here enables auto-fill on rest of address.)

City

State

Country

Entity street address

Address 1

Address 2   (Optional field.)

Zip   (Entering zip here enables auto-fill on rest of address.)

City

State

Country

Exemption qualification

Is anyone compensated for soliciting or collecting contributions in WA on the organization's behalf?

    ◯ Yes

    ◯ No

Basis of exemption

    ◯ Raising less than $50,000 per year, or all activities including fundraising are unpaid

        (This option is not available if "Yes" is selected above.)

    ◯ Church or integrated auxiliary

    ◯ Political organization

    ◯ Appeals on behalf of a specific individual expended solely for the individual's direct benefit

Organizational Structure

○ Non-profit corporation

       Location   (Default is Washington.)

       UBI

       ☐ UBI not provided

       Country   (If user selects "Foreign Country" as Location.)

○ Other   (Has text entry field.)

Also Known As names   (Optional field. User can add as many as needed.)

Purpose/mission of organization

Federal Tax Exemption

○ Exempt

       Federal Status Type

       IRS Determination Letter attached?

              ○ Yes

              ○ No

○ Non-exempt

If federal tax exempt but not required to apply for IRS ruling/designation, reason(s) why:

☐ Church/church affiliated   (Must select at least one.)

☐ Government entity

☐ Annual gross receipts normally $5,000 or less

Authorized Person

Registration includes signature, printed name & title, and signature date for charity's president, treasurer, or comparable officer

       ○ Yes

       ○ No

First Name

Last Name

Title

Contact Information

First Name

Last Name

Phone

E-mail

2.1.8.   Renew Exempt Charitable Organization

The Renew Exempt Charitable Organization screen allows the user to modify the appropriate system fields per the information on the customer's renewal form.

<u>Fields on this screen</u>

Registration number (When entered, system auto-fills remaining fields with latest data that system has for charity. Registration number is most likely entered during mail receipt process.)
FEIN
Entity name
Entity email   (Required if annual renewal check box is selected.)
☐ Send annual renewal reminders via email
Entity website   (Optional field.)
Entity phone

Entity mailing address

Address 1
Address 2   (Optional field.)
Zip   (Entering zip here enables auto-fill on rest of address.)
City
State
Country

Entity street address

☐ Same as mailing address   (Imports mailing address info.)
Address 1
Address 2   (Optional field.)
Zip   (Entering zip here enables auto-fill on rest of address.)
City
State
Country

(Additional addresses will appear if more addresses have previously been added.)

Exemption qualification

Is anyone compensated for soliciting or collecting contributions in WA on the organization's behalf?
        ○ Yes
        ○ No

Basis of exemption

○ Raising less than $50,000 per year, or all activities including fundraising are unpaid

        (This option is not available if "Yes" is selected above.)

○ Church or integrated auxiliary

○ Political organization

○ Appeals on behalf of a specific individual expended solely for the individual's direct benefit

Organizational Structure

○ Non-profit corporation

      Location   (Default is Washington.)

      UBI

      □ UBI not provided

      Country   (If user selects "Foreign Country" as Location.)

○ Other   (Has text entry field.)

Also Known As names   (Optional field. User can add as many as needed.)

Purpose/mission of organization

Federal Tax Exemption

○ Exempt

      Federal Status Type

      IRS Determination Letter attached?

          ○ Yes

          ○ No

○ Non-exempt

If federal tax exempt but not required to apply for IRS ruling/designation, reason(s) why:

□ Church/church affiliated   (Must select at least one.)

□ Government entity

□ Annual gross receipts normally $5,000 or less

Authorized Person

Registration includes signature, printed name & title, and signature date for charity's president, treasurer, or comparable officer

      ○ Yes

      ○ No

First Name

Last Name

Title

Contact Information

First Name

Last Name

Phone

E-mail

2.1.9.   Close Exempt Charitable Organization

The Close Exempt Charitable Organization screen allows the user to modify system fields or enter new data into the system per the customer's closure form.

Fields on this screen

Registration number   (When entered, system auto-fills remaining fields with latest data that system has for an exempt registration. Registration number is most likely entered during mail receipt process.)

FEIN   (Read-only field.)

Entity name   (Read-only field.)

Entity email

Entity website   (Optional field.)

Entity phone

Entity mailing address

Address 1

Address 2   (Optional field.)

Zip   (Entering zip here enables auto-fill on rest of address.)

City

State

Country

Closure date

Effective date of closure

  ○ Date of filing

  ○ Specific date   (Has text entry field.)

Registration Closure

The organization is voluntarily closing its registration

  ○ Yes

  ○ No

Provide reason: (Appears if Yes is selected.)

  ○ No longer exists in WA

  ○ Doesn't raise $ in WA

  ○ Not required to register

Authorized Person

Registration includes signature, printed name & title, and signature date for charity's president, treasurer, or comparable officer

  ○ Yes

  ○ No

First Name
Last Name
Title

Contact Information

First Name
Last Name
Phone
E-mail

2.2.   Fundraisers Screens
This section details the contents of the Fundraisers screens listed in Section 1.

2.2.1.   Register Fundraiser Organization
The Register Fundraiser Organization screen is used to enter data into the system per the customer's registration form.

<u>Fields on this screen</u>

FEIN

UBI   (Optional field.)

Entity name

Entity email   (Required if annual renewal check box is selected.)

☐ Send annual renewal reminders via email

Entity website   (Optional field.)

Entity phone

Entity mailing address

Address 1

Address 2   (Optional field.)

Zip   (Entering zip here enables auto-fill on rest of address.)

City

State

Country

Entity street address

☐ Same as mailing address   (Imports mailing address info.)

Address 1

Address 2   (Optional field.)

Zip   (Entering zip here enables auto-fill on rest of address.)

City

State

Country

(Additional addresses will appear if more addresses have previously been added.)

Other addresses used for soliciting

[Add Address]   (Presents another set of address fields like the above. User can add as many
                     addresses as necessary.)

Organizational structure

Fundraiser's stated organizational structure

      ◯ Profit corporation

   Location   (Default is Washington.)

   Country   (If user selects "Foreign Country" as Location.)

  ○ Limited Liability Company

   Location   (Default is Washington.)

  ○ Other   (Has text entry field.)

Surety bond

Copy of fundraiser's surety bond is attached?

  ○ Yes

  ○ No

Name of bonding company

Bond number

Also Known As names   (Optional field. User can add as many as needed.)

Subcontractors

☐ Fundraiser uses subcontractors

  (If check box is selected, user can access search feature that allows subcontractors to be searched on by FEIN or Registration ID and added. Below questions & options appear if check box is selected:)

List of charity clients and registration number supported by this fundraiser is attached?

            (Question is asked for each subcontractor added.)

  ○ Yes

  ○ No

All reported subcontractors are registered?

  ○ Yes

  ○ No

    (If "No" option is selected:)

    Name of unregistered subcontractor (User can add as many as necessary.)

Financial information

Year-end date of the first accounting year during which solicitations will be conducted in Washington

Organization has completed a full accounting year?

  ○ Yes

    Accounting year beginning date (Field appears if "Yes" option is selected.)

    Ending date   (Field appears if "Yes" option is selected.)

○ No

First accounting year end date   (Field appears if "No" option is selected.)

Solicitation report for preceding, completed accounting year   (Section appears only if "Yes" option is selected above.)

Beginning date of last completed accounting year
Ending date of last completed accounting year
Total dollar value of contributions received
Total contributions received in WA   (Optional field.)
Total dollar amount of funds to charities
Total funds disbursed to WA Charities   (Optional field.)
Solicitation comments   (Optional field.)

Types of fundraising services conducted
☐ Organization solicited or collected contributions in Washington during accounting year reported
    (Below check boxes appear if above check box is selected.)
    ☐ Entertainment/Special Events
    ☐ Telephone
    ☐ Direct Mail
    ☐ Product Sale
    ☐ Personal Contact
    ☐ Internet
    ☐ Vehicle/Boat Donations
    ☐ Newspaper/Magazine/Publication
    ☐ Advertisement/Coupon Books
    ☐ Email
    ☐ Other   (Has text entry field.)

States where fundraising is performed
☐ Organization is registered to solicit outside of Washington
    (Below question and options appear if check box is selected.)
    List of states where organization is registered to fundraise is attached?
        ○ Yes
        ○ No

Owners, officers or persons responsible for fundraising activities in Washington
    First name
    Last name
    Title
    ☐ Address & phone same as entity   (Imports entity mailing address.)
    Address 1

Address 2   (Optional field.)
Zip   (Entering zip here enables auto-fill on rest of
                                                      address.)
City
State
Country
Phone
☐ Responsible for fundraising in Washington   (Appears for every officer/person added. Must
                                                      be selected for at least one officer/person.)

[Add Another Officer/Person]   (Presents another set of fields like the above. User can add as
                                        many officers/persons as necessary.)

☐ Three Highest Paid Officers or employees
        Name   (Field appears if check box selected. User can enter up to 3 names. Names
                        should be of the 3 highest paid officers or employees.)

Person or Entity that prepares, reviews or audits financial information
Entity name
First name
Last name
Address 1
Address 2   (Optional field.)
Zip   (Entering zip here enables auto-fill on rest of address.)
City
State
Country

☐ Commercial Fundraiser states that it has legal actions
        (Below question & options appear if check box is selected:)
        Organization has submitted list of legal actions, including court or other forum, case number,
        title of legal action, and date of each action?
                ○ Yes
                ○ No

Charitable organizations for which services were provided in WA during reported accounting year
        Name of charitable organization
        Charity registration number
        FEIN
        Address 1
        Address 2   (Optional field.)
        Zip   (Entering zip here enables auto-fill on rest of address.)

City

State

Country

Phone

Contract begin date

Contract end date

[Add Another Organization]   (Presents another set of fields like the above. User can add as many organizations as necessary.)

Authorized Person

Registration includes signature, printed name & title, and signature date for charity's president, treasurer, or comparable officer

○ Yes

○ No

First Name

Last Name

Title

Contact Information

First Name

Last Name

Phone

E-mail

2.2.2.   Amend Fundraiser Organization

The Amend Fundraiser Organization screen allows the user to modify the appropriate system fields per the customer's amendment form.

Fields on this screen

Registration number (When entered, system auto-fills remaining fields with latest data that system has for fundraiser. Registration number is most likely entered during mail receipt process.)

FEIN

UBI   (Optional field.)

Entity name

Entity email   (Required if annual renewal check box is selected.)

☐ Send annual renewal reminders via email

Entity website   (Optional field.)

Entity phone

Entity mailing address

Address 1

Address 2   (Optional field.)

Zip   (Entering zip here enables auto-fill on rest of address.)

City

State

Country

Entity street address

☐ Same as mailing address   (Imports mailing address info.)

Address 1

Address 2   (Optional field.)

Zip   (Entering zip here enables auto-fill on rest of address.)

City

State

Country

(Additional addresses will appear if more addresses have previously been added.)

Other addresses used for soliciting

[Add Address]   (Presents another set of address fields like the above. User can add as many addresses as necessary.)

Organizational structure

Fundraiser's stated organizational structure

    ○ Profit corporation

                Location   (Default is Washington.)
                Country   (If user selects "Foreign Country" as Location.)

        ○ Limited Liability Company
                Location   (Default is Washington.)

        ○ Other   (Has text entry field.)

Surety bond
Copy of fundraiser's surety bond is attached?
        ○ Yes
        ○ No

Name of bonding company
Bond number

Also Known As names   (Optional field. User can add as many as needed.)

Subcontractors
☐ Fundraiser uses subcontractors
        (If check box is selected, user can access search feature that allows subcontractors to be
        searched on by FEIN or Registration ID and added. Below questions & options appear if check
        box is selected:)

        List of charity clients and registration number supported by this fundraiser is attached
        (Question is asked for each subcontractor added.)
                ○ Yes
                ○ No

        All reported subcontractors are registered?
                ○ Yes
                ○ No
                        (If "No" option is selected:)
                        Name of unregistered subcontractor   (User can add as many as necessary.)

Financial information
Year-end date of the first accounting year during which solicitations will be conducted in Washington

Accounting year beginning date   (Field appears if "Yes" option is selected.)
Ending date   (Field appears if "Yes" option is selected.)

Solicitation report for preceding, completed accounting year

Beginning date of last completed accounting year   (Auto-fill from Financial Information.)
Ending date of last completed accounting year   (Auto-fill from Financial Information.)
Total dollar value of contributions received
Total contributions received in WA   (Optional field.)
Total dollar amount of funds to charities
Total funds disbursed to WA Charities   (Optional field.)
Solicitation comments   (Optional field.)

Types of fundraising services conducted

☐ Organization solicited or collected contributions in Washington during accounting year reported

     (Below check boxes appear if above check box is selected.)

     ☐ Entertainment/Special Events

     ☐ Telephone

     ☐ Direct Mail

     ☐ Product Sale

     ☐ Personal Contact

     ☐ Internet

     ☐ Vehicle/Boat Donations

     ☐ Newspaper/Magazine/Publication

     ☐ Advertisement/Coupon Books

     ☐ Email

     ☐ Other   (Has text entry field.)

States where fundraising is performed

☐ Organization is registered to solicit outside of Washington

     (Below question and options appear if check box is selected.)

     List of states where organization is registered to fundraise is attached?

        ○ Yes

        ○ No

Owners, officers or persons responsible for fundraising activities in WA

     First name

     Last name

     Title

     ☐ Address & phone same as entity   (Imports entity mailing address.)

     Address 1

     Address 2   (Optional field.)

     Zip   (Entering zip here enables auto-fill on rest of address.)

     City

     State

Country
Phone
☐ Responsible for fundraising in Washington   (Appears for every officer/person added. Must be selected for at least one officer/person.)

[Add Another Officer/Person]   (Presents another set of fields like the above. User can add as many officers/persons as necessary.)

☐ Three current officers or employees receiving the greatest compensation
     Name   (Field appears if check box selected. User can enter up to 3 names. Names should be of the 3 highest paid officers or employees.)

Person or Entity that prepares, reviews or audits financial information
Entity name
First name
Last name
Address 1
Address 2   (Optional field.)
Zip   (Entering zip here enables auto-fill on rest of address.)
City
State
Country

☐ Commercial Fundraiser states that it has legal actions
    (Below question & options appear if check box is selected:)
    Organization has submitted list of legal actions, including court or other forum, case number, title of legal action, and date of each action?
       ○ Yes
       ○ No

Charitable organizations for which services were provided in WA during reported accounting year
    Name of charitable organization
    Charity registration number
    FEIN
    Address 1
    Address 2   (Optional field.)
    Zip   (Entering zip here enables auto-fill on rest of address.)
    City
    State
    Country
    Phone

Contract begin date
Contract end date

[Add Another Organization]   (Presents another set of fields like the above. User can add as many organizations as necessary.)

Authorized Person
Registration includes signature, printed name & title, and signature date for charity's president, treasurer, or comparable officer
○ Yes
○ No

First Name
Last Name
Title

Contact Information
First Name
Last Name
Phone
E-mail

2.2.3.   Renew Fundraiser Organization

The Register Fundraiser Organization screen is used to enter data into the system per the customer's registration form.

Fields on this screen

Registration number (When entered, system auto-fills remaining fields with latest data that system has for fundraiser. Registration number is most likely entered during mail receipt process.)

FEIN

UBI   (Optional field.)

Entity name

Entity email   (Required if annual renewal check box is selected.)

☐ Send annual renewal reminders via email

Entity website   (Optional field.)

Entity phone

Entity mailing address

Address 1

Address 2   (Optional field.)

Zip   (Entering zip here enables auto-fill on rest of address.)

City

State

Country

Entity street address

☐ Same as mailing address   (Imports mailing address info.)

Address 1

Address 2   (Optional field.)

Zip   (Entering zip here enables auto-fill on rest of address.)

City

State

Country

(Additional addresses will appear if more addresses have previously been added.)

Other addresses used for soliciting

[Add Address]   (Presents another set of address fields like the above. User can add as many addresses as necessary.)

Organizational structure

Fundraiser's stated organizational structure

    ○ Profit corporation

        Location   (Default is Washington.)

        Country   (If user selects "Foreign Country" as Location.)

○ Limited Liability Company

        Location   (Default is Washington.)

○ Other   (Has text entry field.)

Surety bond

Copy of fundraiser's surety bond is attached?

    ○ Yes

    ○ No

    ○ Already on File

        (If "Yes" option is selected:)

        Name of bonding company

        Bond number

Also Known As names   (Optional field. User can add as many as needed.)

Subcontractors

☐ Fundraiser uses subcontractors

    (If check box is selected, user can access search feature that allows subcontractors to be searched on by FEIN or Registration ID and added. Below questions & options appear if check box is selected:)

    List of charity clients and registration numbers supported by this fundraiser is attached?

    (Question is asked for each subcontractor added.)

        ○ Yes

        ○ No

    All reported subcontractors are registered?

        ○ Yes

        ○ No

            (If "No" option is selected:)

            Name of unregistered subcontractor   (User can add as many as necessary.)

Solicitation report for preceding, completed accounting year   (Should auto-fill from financial report.)

Beginning date of last completed accounting year

Ending date of last completed accounting year

Total dollar value of contributions received

Total contributions rec'd in WA   (Optional field.)

Total dollar amount of funds to charities

Total funds disbursed to charities located in WA   (Optional field.)

Solicitation comments   (Optional field.)

Types of fundraising services conducted

☐ Organization solicited or collected contributions in Washington during accounting year reported

    (Below check boxes appear if above check box is selected.)

    ☐ Entertainment/Special Events

    ☐ Telephone

    ☐ Direct Mail

    ☐ Product Sale

    ☐ Personal Contact

    ☐ Internet

    ☐ Vehicle/Boat Donations

    ☐ Newspaper/Magazine/Publication

    ☐ Advertisement/Coupon Books

    ☐ Email

    ☐ Other   (Has text entry field.)

States where fundraising is performed

☐ Organization is registered to solicit outside of Washington

    (Below question and options appear if check box is selected.)

    List of states where organization is registered to fundraise is attached?

        ○ Yes

        ○ No

Owners, officers or persons responsible for fundraising activities in Washington

    First name

    Last name

    Title

    ☐ Address & phone same as entity   (Imports entity mailing address.)

    Address 1

    Address 2   (Optional field.)

    Zip   (Entering zip here enables auto-fill on rest of address.)

    City

    State

    Country

    Phone

    ☐ Responsible for fundraising in Washington   (Appears for every officer/person added. Must be selected for at least one officer/person.)

[Add Another Officer/Person]   (Presents another set of fields like the above. User can add as many officers/persons as necessary.)

☐ Three current officers or employees receiving the greatest compensation

      Name   (Field appears if check box selected. User can enter up to 3 names. Names should be of the 3 highest paid officers or employees.)

Person or Entity that Prepares, Reviews or Audits Financial Information

Entity name

First name

Last name

Address 1

Address 2   (Optional field.)

Zip   (Entering zip here enables auto-fill on rest of address.)

City

State

Country

☐ Commercial Fundraiser states that it has legal actions

      (Below question & options appear if check box is selected:)

      Organization has submitted list of legal actions, including court or other forum, case number, title of legal action, and date of each action?

         ○ Yes

         ○ No

Charitable organizations for which services were provided in WA during reported accounting year

      Name of charitable organization

      Charity registration number

      Address 1

      Address 2   (Optional field.)

      Zip   (Entering zip here enables auto-fill on rest of address.)

      City

      State

      Country

      Phone

      Contract begin date

      Contract end date

[Add Another Organization]   (Presents another set of fields like the above. User can add as many organizations as necessary.)

Authorized Person

Registration includes signature, printed name & title, and signature date for charity's president, treasurer, or comparable officer

        ○ Yes

        ○ No

First Name

Last Name

Title

Contact Information

First Name

Last Name

Phone

E-mail

2.2.4.   Close Fundraiser Organization

The Close Fundraiser Organization screen allows the user to modify system fields or enter new data per the customer's closure form.

<u>Fields on this screen</u>

Registration number   (When entered, system auto-fills remaining fields with latest data that system has for fundraiser. Registration number is most likely entered during mail receipt process.)

FEIN   (Read-only field.)

UBI   (Read-only field.)

Entity name   (Read-only field.)

Entity email

Entity website   (Optional field.)

Entity phone

Entity mailing address

Address 1

Address 2   (Optional field.)

Zip   (Entering zip here enables auto-fill on rest of address.)

City

State

Country

Final report for preceding, completed accounting year

Beginning date of last completed accounting year

Ending date of last completed accounting year

Total dollar value of contributions received

Total contributions rec'd in WA   (Optional field.)

Total dollar amount of funds to charities

Total funds disbursed to charities located in WA   (Optional field.)

Solicitation comments   (Optional field.)

Closure date

Effective date of closure

     ○ Date of filing

     ○ Specific date   (Has text entry field.)

Authorized Person

Registration includes signature, printed name & title, and signature date for charity's president, treasurer, or comparable officer

     ○ Yes

     ○ No

First Name
Last Name
Title

Contact Information

First Name
Last Name
Phone
E-mail

2.3.   Trusts Screens

This section details the contents of the Trusts screens listed in Section 1.

2.3.1.   Register Charitable Trust

The Register Charitable Trust screen is used to enter a trust customer's data for a new registration.

<u>Fields on this screen</u>

FEIN

UBI   (Optional field.)

Entity full legal name

Entity email   (Required if annual renewal check box is selected.)

☐ Send annual renewal reminders via email

Entity website   (Optional field.)

Entity phone

Entity mailing address

Address 1

Address 2   (Optional field.)

Zip   (Entering zip here enables auto-fill on rest of address.)

City

State

Country

Entity street address   (Street address is optional.)

☐ Same as mailing address   (Imports mailing address info.)

Address 1

Address 2   (Optional field.)

Zip   (Entering zip here enables auto-fill on rest of address.)

City

State

Country

Federal tax-exempt status

☐ Organization has applied for federal tax-exempt status

(Below question, options & fields appear if check box is selected:)

Date applied

Has organization been granted IRS federal tax-exempt status?

○ Yes

Exemption granted under 501(c)   (Field allows user to enter remaining digit, e.g., 501(c)(3)

IRS Determination Letter is attached?

○ Yes

○ No

○ No

Establishment of trust

Type of document establishing trust:

○ Articles of Incorporation and Bylaws

○ Trust Agreement

○ Last Will and Testament

○ Probate Order

Trust instrument is attached?

○ Yes

○ No

Trust instrument information   (Section appears only if Articles of Incorporation or Trust Agreement were selected above.)

(Below fields appear if Articles of Incorporation and Bylaws was selected above:)

Name of corporation   (If UBI entered, auto-fill from Corporations data.)

Date of incorporation   (If UBI entered, auto-fill from Corporations data.)

(Below fields appear if Trust Agreement was selected above:)

Name of trust

Date of trust establishment

Last Will and Testament   (Section appears only if Last Will and Testament was selected above.)

Estate of

Probate Order   (Section appears only if Probate Order was selected above.)

County probated

Probate date

Probate number

Charitable purposes

Summary of organization's charitable purposes

Name and address of the charitable organization(s) that trust designates as beneficiary   (Optional.)

Entity name

Address 1

Address 2   (Optional field.)

Zip   (Entering zip here enables auto-fill on rest of address.)

City

State

Country

[Add Beneficiary]   (Presents another set of fields like the above. User can add as many beneficiaries as
                                 necessary.)

Financial information

☐ Organization submitted federal tax return to IRS for fiscal/accounting year reported

          (Below fields and options appear if check box is selected:)

          IRS Form   (Field is drop-down list containing 990, 990EZ & 990PF.)

          Copy of tax return is attached?

                    ○ Yes

                    ○ No

                    ○ Not required to file IRS 990, 990EZ, 990 PF

☐ Entity has completed first accounting year

          (Below field appears if check box is selected:)

          First year accounting end date

Financial report

Accounting year begin date

Accounting year end date

Beginning assets

Total revenue

Grants, contributions & program services

Compensation of officers, directors, trustees, etc.

Total expenses

Ending assets

Officers, directors, or trustees

Type:

          ○ Individual

          ○ Entity

Trustee first name   (If Individual.)
Trustee last name   (If Individual.)
Title   (If Individual.)
Entity name   (If Entity.)
Address 1
Address 2   (Optional field.)
Zip   (Entering zip here enables auto-fill on rest of address.)
City
State
Country
Contact Phone

[Add Another]   (Presents another set of fields like the above. User can add as many
                                        officers, directors, or trustees as necessary.)

Authorized Person
Registration includes signature, printed name & title, and signature date for charity's president,
treasurer, or comparable officer
        ○ Yes
        ○ No

First Name
Last Name
Title

Contact Information
First Name
Last Name
Phone
E-mail

Washington Charitable Trust Directory
☐ Include in Washington Charitable Trust Directory
        (Below fields appear if check box is selected:)
        Type of organization
                ○ Grantmaker
                ○ Grantseeker
                ○ Both Grantmaker & Grantseeker

        Grantmaker information   (Section appears only if "Grantmaker" or "Both Grantmaker &
                                          Grantseeker" option is selected.)
        ☐ Organization accepts unsolicited applications

Grants are made to:
    ☐ 501(c)(3) organizations
    ☐ Other organizations
    ☐ Individuals

Average grant size
    ○ $5,000 or below
    ○ $5,001 - $10,000
    ○ $10,001 - $25,000
    ○ $25,001 - $50,000
    ○ $50,001 or above

Geographic service area
    ☐ Washington State
    ☐ Pacific Northwest
    ☐ United States
    ☐ County   (If selected, user selects WA county from drop-down list.)
    ☐ Other   (Has text entry field.)

Suggested initial approach for grantseekers
    ☐ Letter
    ☐ Request information packet
    ☐ Email   (Has text entry field.)
    ☐ Telephone call
    ☐ Do not call
    ☐ Other   (Has text entry field.)

Contact person
    First name
    Last name
    Title
    Address 1
    Address 2   (Optional field.)
    Zip   (Entering zip here enables auto-fill on rest of address.)
    City
    State
    Country
    Phone

Purpose (up to 3)
    ☐ A Arts, culture, humanities
    ☐ B Educational institutions & related activities

☐ C Environmental quality, protection

☐ D Animal-related activities

☐ E Health—general & rehabilitative

☐ F Mental health, crisis intervention

☐ G Disease/disorder/medical disciplines (multipurpose)

☐ H Medical research

☐ I Public Protection: crime/courts/legal services

☐ J Employment/jobs

☐ K Food, nutrition, agriculture

☐ L Housing/shelter

☐ M Public safety/disaster preparedness & relief

☐ N Recreation, leisure, sports, athletics

☐ O Youth development

☐ P Human service—other multipurpose

☐ Q International

☐ R Civil rights/civil liberties

☐ S Community improvement/development

☐ T Philanthropy & volunteerism

☐ U Science

☐ V Social sciences

☐ W Public affairs/society benefit

☐ X Religion/spiritual development

☐ Y Mutual membership benefit organizations

☐ Z Unknown, unclassifiable

Grantseeker information   (Section appears only if "Grantseeker" option is selected.)

Contact person

     First name

     Last name

     Title

     Address 1

     Address 2   (Optional field.)

     Zip   (Entering zip here enables auto-fill on rest of address.)

     City

     State

     Country

     Phone

Purpose (up to 3)

     ☐ A Arts, culture, humanities

     ☐ B Educational institutions & related activities

     ☐ C Environmental quality, protection

☐ D Animal-related activities

☐ E Health—general & rehabilitative

☐ F Mental health, crisis intervention

☐ G Disease/disorder/medical disciplines (multipurpose)

☐ H Medical research

☐ I Public Protection: crime/courts/legal services

☐ J Employment/jobs

☐ K Food, nutrition, agriculture

☐ L Housing/shelter

☐ M Public safety/disaster preparedness & relief

☐ N Recreation, leisure, sports, athletics

☐ O Youth development

☐ P Human service—other multipurpose

☐ Q International

☐ R Civil rights/civil liberties

☐ S Community improvement/development

☐ T Philanthropy & volunteerism

☐ U Science

☐ V Social sciences

☐ W Public affairs/society benefit

☐ X Religion/spiritual development

☐ Y Mutual membership benefit organizations

☐ Z Unknown, unclassifiable

2.3.2.   Amend Charitable Trust

The Amend Charitable Trust screen is used to enter data into the system per the customer's registration form.

<u>Fields on this screen</u>

Registration number (When entered, system auto-fills remaining fields with latest data that system has for Trust. Registration number is most likely entered during mail receipt process.)

FEIN

UBI   (Optional field.)

Entity full legal name

Entity email   (Required if annual renewal check box is selected.)

☐ Send annual renewal reminders via email

Entity website   (Optional field.)

Entity phone

Entity mailing address

Address 1

Address 2   (Optional field.)

Zip   (Entering zip here enables auto-fill on rest of address.)

City

State

Country

Entity street address   (Street address is optional.)

☐ Same as mailing address   (Imports mailing address info.)

Address 1

Address 2   (Optional field.)

Zip   (Entering zip here enables auto-fill on rest of address.)

City

State

Country

Federal tax-exempt status

☐ Organization has applied for federal tax-exempt status

      (Below question, options & fields appear if check box is selected:)

      Date applied

      Has organization been granted IRS federal tax-exempt status?

          ○ Yes

              Exemption granted under 501(c)   (Field allows user to enter remaining digit, e.g., 501(c)(3)

              IRS Determination Letter is attached?

                  ○ Yes

                  ○ No

          ○ No

Establishment of trust

Type of document establishing trust:

      ○ Articles of Incorporation and Bylaws

      ○ Trust Agreement

      ○ Last Will and Testament

      ○ Probate Order

Trust instrument information   (Section appears only if Articles of Incorporation was selected above.)

(Below fields appear if Articles of Incorporation and Bylaws was selected above:)

Name of corporation

Date of incorporation

Articles of incorporation and/or bylaws have been amended?

      ○ Yes

      ○ No

The amended Trust instrument is attached?

      ○ Yes

      ○ No

(Below fields appear if Trust Agreement was selected above:)

Name of trust

Date of trust establishment

Last Will and Testament   (Section appears only if Last Will and Testament was selected above.)

Estate of

Probate Order   (Section appears only if Probate Order was selected above.)
County probated
Probate date
Probate number

Trust is established by Trust Agreement or Last Will and Testament?
      ○ Yes
      ○ No

Amended trust agreement is attached?
      ○ Yes
      ○ No

Trust instrument is attached?
      ○ Yes
      ○ No

Charitable purposes
Summary of organization's charitable purposes

Name and address of the charitable organization(s) that trust designates as beneficiary   (Optional.)
Entity name
Address 1
Address 2   (Optional field.)
Zip   (Entering zip here enables auto-fill on rest of address.)
City
State
Country

[Add Beneficiary]   (Presents another set of fields like the above. User can add as many beneficiaries as
                               necessary.)

Financial information
☐ Organization submitted federal tax return to IRS for fiscal/accounting year reported
    (Below fields and options appear if check box is selected:)
    IRS Form   (Field is drop-down list containing 990, 990EZ & 990PF.)
    Copy of tax return is attached?
        ○ Yes
        ○ No
        ○ Not required to file IRS 990, 990EZ, or 990PF

☐ Entity has completed first accounting year

> (Below field appears if check box is selected:)
> First year accounting end date

Financial report

Accounting year begin date

Accounting year end date

Beginning assets

Total revenue

Grants, contributions & program services

Compensation of officers, directors, trustees, etc.

Total expenses

Ending assets

Officers, directors, or trustees

Type:

○ Individual

○ Entity

Trustee first name   (If Individual.)

Trustee last name   (If Individual.)

Title   (If Individual.)

Entity name   (If Entity.)

Address 1

Address 2   (Optional field.)

Zip   (Entering zip here enables auto-fill on rest of address.)

City

State

Country

Contact Phone

[Add Another]   (Presents another set of fields like the above. User can add as many officers, directors, or trustees as necessary.)

Authorized Person

Registration includes signature, printed name & title, and signature date for charity's president, treasurer, or comparable officer

○ Yes

○ No

First Name
Last Name
Title

Contact Information
First Name
Last Name
Phone
E-mail

Washington Charitable Trust Directory
☐ Include in Washington Charitable Trust Directory
       (Below fields appear if check box is selected:)
       Type of organization
              ○ Grantmaker
              ○ Grantseeker
              ○ Both Grantmaker & Grantseeker

       Grantmaker information   (Section appears only if "Grantmaker" or "Both Grantmaker & Grantseeker" option is selected.)
☐ Organization accepts unsolicited applications
Grants are made to:
       ☐ 501(c)(3) organizations
       ☐ Other organizations
       ☐ Individuals

Average grant size
       ○ $5,000 or below
       ○ $5,001 - $10,000
       ○ $10,001 - $25,000
       ○ $25,001 - $50,000
       ○ $50,001 or above

Geographic service area
       ☐ Washington State
       ☐ Pacific Northwest
       ☐ United States
       ☐ County   (If selected, user selects WA county from drop-down list.)
       ☐ Other   (Has text entry field.)

Suggested initial approach for grantseekers
  ☐ Letter
  ☐ Request information packet
  ☐ Email   (Has text entry field.)
  ☐ Telephone call
  ☐ Do not call
  ☐ Other   (Has text entry field.)

Contact person
  First name
  Last name
  Title
  Address 1
  Address 2   (Optional field.)
  Zip   (Entering zip here enables auto-fill on rest of address.)
  City
  State
  Country
  Phone

Purpose (up to 3)
  ☐ A Arts, culture, humanities
  ☐ B Educational institutions & related activities
  ☐ C Environmental quality, protection
  ☐ D Animal-related activities
  ☐ E Health—general & rehabilitative
  ☐ F Mental health, crisis intervention
  ☐ G Disease/disorder/medical disciplines (multipurpose)
  ☐ H Medical research
  ☐ I Public Protection: crime/courts/legal services
  ☐ J Employment/jobs
  ☐ K Food, nutrition, agriculture
  ☐ L Housing/shelter
  ☐ M Public safety/disaster preparedness & relief
  ☐ N Recreation, leisure, sports, athletics
  ☐ O Youth development
  ☐ P Human service—other multipurpose
  ☐ Q International
  ☐ R Civil rights/civil liberties
  ☐ S Community improvement/development
  ☐ T Philanthropy & volunteerism
  ☐ U Science

☐ V Social sciences

☐ W Public affairs/society benefit

☐ X Religion/spiritual development

☐ Y Mutual membership benefit organizations

☐ Z Unknown, unclassifiable

Grantseeker information   (Section appears only if "Grantseeker" option is selected.)

Contact person

First name

Last name

Title

Address 1

Address 2   (Optional field.)

Zip   (Entering zip here enables auto-fill on rest of address.)

City

State

Country

Phone

Purpose (up to 3)

☐ A Arts, culture, humanities

☐ B Educational institutions & related activities

☐ C Environmental quality, protection

☐ D Animal-related activities

☐ E Health—general & rehabilitative

☐ F Mental health, crisis intervention

☐ G Disease/disorder/medical disciplines (multipurpose)

☐ H Medical research

☐ I Public Protection: crime/courts/legal services

☐ J Employment/jobs

☐ K Food, nutrition, agriculture

☐ L Housing/shelter

☐ M Public safety/disaster preparedness & relief

☐ N Recreation, leisure, sports, athletics

☐ O Youth development

☐ P Human service—other multipurpose

☐ Q International

☐ R Civil rights/civil liberties

☐ S Community improvement/development

☐ T Philanthropy & volunteerism

☐ U Science

☐ V Social sciences

☐ W Public affairs/society benefit
☐ X Religion/spiritual development
☐ Y Mutual membership benefit organizations
☐ Z Unknown, unclassifiable

2.3.3.   Renew Charitable Trust

The Renew Charitable Trust screen is used to enter data into the system per the customer's registration form.

<u>Fields on this screen</u>

Registration number   (When entered, system auto-fills remaining fields with latest data that system has for Trust. Registration number is most likely entered during mail receipt process.)

FEIN

UBI   (Optional field.)

Entity full legal name

Entity email   (Required if annual renewal check box is selected.)

☐ Send annual renewal reminders via email

Entity website   (Optional field.)

Entity phone

Entity mailing address

Address 1

Address 2   (Optional field.)

Zip   (Entering zip here enables auto-fill on rest of address.)

City

State

Country

Entity street address   (Street address is optional.)

☐ Same as mailing address   (Imports mailing address info.)

Address 1

Address 2   (Optional field.)

Zip   (Entering zip here enables auto-fill on rest of address.)

City

State

Country

Federal tax-exempt status

☐ Organization has applied for federal tax-exempt status

      (Below question, options & fields appear if check box is selected:)

      Date of application

      Has organization been granted IRS federal tax-exempt status?

           ○ Yes

               Exemption granted under 501(c)   (Field allows user to enter remaining
                                                            digit, e.g., 501(c)(3)

               IRS Determination Letter is attached?

                   ○ Yes

                   ○ No

           ○ No

Establishment of trust   (Auto-fill fields from initial registration.)

Type of document establishing trust:

           ○ Articles of Incorporation and Bylaws

           ○ Trust Agreement

           ○ Last Will and Testament

           ○ Probate Order

Trust instrument is attached?

           ○ Yes

           ○ No

Trust instrument information   (Section appears only if Articles of Incorporation or Trust Agreement
                                   were selected above.)

(Below fields appear if Articles of Incorporation and Bylaws was selected above:)

Name of corporation

Date of incorporation

(Below fields appear if Trust Agreement was selected above:)

Name of trust

Date of trust establishment

Last Will and Testament   (Section appears only if Last Will and Testament was selected above.)

Estate of

Probate Order   (Section appears only if Probate Order was selected above.)

County probated

Probate date

Probate number

Charitable purposes
Summary of organization's charitable purposes

Name and address of the charitable organization(s) that trust designates as beneficiary   (Optional.)
Entity name
Address 1
Address 2   (Optional field.)
Zip   (Entering zip here enables auto-fill on rest of address.)
City
State
Country

[Add Beneficiary]   (Presents another set of fields like the above. User can add as many beneficiaries as necessary.)

Financial information
☐ Organization submitted federal tax return to IRS for fiscal/accounting year reported
        (Below fields and options appear if check box is selected:)
        IRS Form   (Field is drop-down list containing 990, 990EZ & 990PF.)
        Copy of tax return is attached?
                ○ Yes
                ○ No
                ○ Not required to file IRS 990, 990EZ, or 990PF

☐ Entity has completed first accounting year
        (Below field appears if check box is selected:)
        First year accounting end date

Financial report
Accounting year begin date
Accounting year end date
Beginning assets
Total revenue
Grants, contributions & program services
Compensation of officers, directors, trustees, etc.
Total expenses
Ending assets

Officers, directors, or trustees
Type:
        ○ Individual
        ○ Entity

Trustee first name   (If Individual.)
Trustee last name   (If Individual.)
Title   (If Individual.)
Entity name   (If Entity.)
Address 1
Address 2   (Optional field.)
Zip   (Entering zip here enables auto-fill on rest of address.)
City
State
Country
Contact Phone

[Add Another]   (Presents another set of fields like the above. User can add as many
                                      officers, directors, or trustees as necessary.)

Authorized Person

Registration includes signature, printed name & title, and signature date for charity's president,
treasurer, or comparable officer
        ○ Yes
        ○ No

First Name
Last Name
Title

Contact Information

First Name
Last Name
Phone
E-mail

Washington Charitable Trust Directory

☐ Include in Washington Charitable Trust Directory
        (Below fields appear if check box is selected:)
        Type of organization
                ○ Grantmaker
                ○ Grantseeker
                ○ Both Grantmaker & Grantseeker

        Grantmaker information   (Section appears only if "Grantmaker" or "Both Grantmaker &
                                            Grantseeker" option is selected.)

☐ Organization accepts unsolicited applications

Grants are made to:

    ☐ 501(c)(3) organizations

    ☐ Other organizations

    ☐ Individuals

Average grant size

    ○ $5,000 or below

    ○ $5,001 - $10,000

    ○ $10,001 - $25,000

    ○ $25,001 - $50,000

    ○ $50,001 or above

Geographic service area

    ☐ Washington State

    ☐ Pacific Northwest

    ☐ United States

    ☐ County　　　　　(If selected, user selects WA county from drop-down list.)

    ☐ Other　　　　　(Has text entry field.)

Suggested initial approach for grantseekers

    ☐ Letter

    ☐ Request information packet

    ☐ Email　　　　　　(Has text entry field.)

    ☐ Telephone call

    ☐ Do not call

    ☐ Other　　　　　　(Has text entry field.)

Contact person

    First name

    Last name

    Title

    Address 1

    Address 2　　(Optional field.)

    Zip　　　　　(Entering zip here enables auto-fill on rest of address.)

    City

    State

    Country

    Phone

Purpose (up to 3)

    ☐ A Arts, culture, humanities

☐ B Educational institutions & related activities

☐ C Environmental quality, protection

☐ D Animal-related activities

☐ E Health—general & rehabilitative

☐ F Mental health, crisis intervention

☐ G Disease/disorder/medical disciplines (multipurpose)

☐ H Medical research

☐ I Public Protection: crime/courts/legal services

☐ J Employment/jobs

☐ K Food, nutrition, agriculture

☐ L Housing/shelter

☐ M Public safety/disaster preparedness & relief

☐ N Recreation, leisure, sports, athletics

☐ O Youth development

☐ P Human service—other multipurpose

☐ Q International

☐ R Civil rights/civil liberties

☐ S Community improvement/development

☐ T Philanthropy & volunteerism

☐ U Science

☐ V Social sciences

☐ W Public affairs/society benefit

☐ X Religion/spiritual development

☐ Y Mutual membership benefit organizations

☐ Z Unknown, unclassifiable

Grantseeker information   (Section appears only if "Grantseeker" option is selected.)

Contact person

     First name

     Last name

     Title

     Address 1

     Address 2   (Optional field.)

     Zip   (Entering zip here enables auto-fill on rest of address.)

     City

     State

     Country

     Phone

Purpose (up to 3)

     ☐ A Arts, culture, humanities

     ☐ B Educational institutions & related activities

☐ C Environmental quality, protection

☐ D Animal-related activities

☐ E Health—general & rehabilitative

☐ F Mental health, crisis intervention

☐ G Disease/disorder/medical disciplines (multipurpose)

☐ H Medical research

☐ I Public Protection: crime/courts/legal services

☐ J Employment/jobs

☐ K Food, nutrition, agriculture

☐ L Housing/shelter

☐ M Public safety/disaster preparedness & relief

☐ N Recreation, leisure, sports, athletics

☐ O Youth development

☐ P Human service—other multipurpose

☐ Q International

☐ R Civil rights/civil liberties

☐ S Community improvement/development

☐ T Philanthropy & volunteerism

☐ U Science

☐ V Social sciences

☐ W Public affairs/society benefit

☐ X Religion/spiritual development

☐ Y Mutual membership benefit organizations

☐ Z Unknown, unclassifiable

2.3.4.   Close Charitable Trust

The Close Charitable Trust screen allows the user to modify system fields or enter new data into the system per the customer's closure form.

<u>Fields on this screen</u>

Cover letter stating that assets have been disbursed according to the trust instrument is attached?
    ○ Yes
    ○ No

Registration number   (When entered, system auto-fills remaining fields with latest data that system has for Trust. Registration number is most likely entered during mail receipt process.)

FEIN   (Read-only field.)

UBI   (Read-only field.)

Entity name   (Read-only field.)

Entity email

Entity website   (Optional field.)

Entity phone

Entity mailing address

Address 1

Address 2   (Optional field.)

Zip   (Entering zip here enables auto-fill on rest of address.)

City

State

Country

Does the organization file an IRS 990, 990EZ, 990PF with the Internal Revenue Service?
    ○ Yes
    ○ No

(If "Yes" option is selected:)

Copy of tax return for fiscal/accounting year reported is attached?
    ○ Yes
    ○ No

(If "No" option is selected:)

Financial report

Accounting year begin date

Accounting year end date

Beginning assets

Total revenue

Grants, contributions, and program services

Compensation of officers, directors, trustees, etc.

Total expenses

Ending assets

Closure date

Effective date of closure

Authorized Person

Registration includes signature, printed name & title, and signature date for charity's president, treasurer, or comparable officer

○ Yes

○ No

First Name

Last Name

Title

Contact Information

First Name

Last Name

Phone

E-mail