



Office of the Secretary of State
Corporations & Charities Division

PO Box 40234 • Olympia, WA 98504-0234

Phone: 360-725-0378 • Web Address: www.sos.wa.gov/charities

**CHARITABLE ORGANIZATION REGISTRATION/RENEWAL
Including the WA STATE COMBINED FUND DRIVE**

Check all that apply

- Initial/Re-Registration \$60 Renewal \$40
- Late Fee/add additional \$50 Expedited Service \$50 (optional)

This Box For Office Use Only

REGISTRATION NUMBER: (1-5 digits) _____

Need your registration number?

Search <http://www.sos.wa.gov/charities/search.aspx>

(Section 1)

GENERAL INFORMATION

Organization's Name _____

Mailing Address _____ Phone () _____

City _____ State _____ Zip Code _____

Email _____ Website _____

Check here if the organization prefers to receive annual renewal reminders via email (*Email address is required if checked*)

Check if Street and Mailing Address are the same (*only if Mailing Address is not a PO Box or PMB*) **and provide County below**

Street Address _____ County (WA only) _____
(*If no street address, please indicate by providing County, City, State and Zip Code below*)

City _____ State _____ Zip Code _____

Alternate Address(s):

Does the organization, or a commercial fundraiser operating on its behalf, use any other mailing, street, electronic or internet address(s) (*excluding those already listed in Section 1*) to conduct solicitations in Washington State? If so, a list of other address(s) used must be enclosed.

(Section 2)

ORGANIZATIONAL STRUCTURE (*Check one*)

WA State Nonprofit Corporation WA State Unified Business Identifier (UBI) (*Nine digits*) _____ - _____ - _____

Foreign Nonprofit Corporation (*Outside WA State*) _____ Other _____
(*State of Formation*)

(Section 3)

FEDERAL STATUS and TAX INFORMATION

1. Federal EIN/Tax ID # (*Nine digits*) _____ - _____ - _____

2. Federal Tax Exempt Status (*Check one*) Yes No Applied Will Apply Revoked Group (*See instructions*)

If Yes, type of IRS Federal exemption (*Check one*) 501(C) 3 501(C) 4 OTHER _____

If the organization's federal status was granted or has changed since its last filing with the Charities Program, a copy of its IRS Determination Letter must be enclosed. (Required)

3. If exempt from federal tax, but not required to apply for an IRS ruling/determination, check reason below:

- Church/church affiliated Government entity Annual gross receipts normally \$5,000 or less

(Section 4)

ALSO KNOWN AS NAMES

List any other name(s) the organization may use to solicit contributions (AKA's) if different than indicated in Section 1.

(Section 5) BRIEFLY DESCRIBE THE PURPOSE/MISSION OF THE ORGANIZATION (100 words or less)

(Section 6)

NEW ENTITIES AND/OR FIRST TIME FILERS ONLY

Required Information and Enclosures

1. If federal tax-exempt status has been granted, attach a copy of the organization's **IRS Determination Letter**
2. **First Accounting Year End Date** ____/____/____ (Provide only if organization has not completed its first accounting year)
(mm/dd/yyyy)

New organizations that have yet to complete their first accounting year, skip Sections 7 and proceed to Section 8

(Section 7) SOLICITATION REPORT FOR PRECEDING, COMPLETED ACCOUNTING YEAR

*Please complete the financial sections below. **Do not** enclose a copy of Form 990 in lieu of completing Section 7.*

Begin Date of Accounting Year (mm/dd/yyyy) _____ End Date of Accounting Year (mm/dd/yyyy) _____

ASSETS 1. Beginning Gross Assets \$ _____

REVENUE 2. Gross Dollar Value of All Contributions from Solicitations \$ _____

3. Gross Dollar Value of Revenue from All Other Sources + \$ _____

4. **Total** Dollar Value of Gross Receipts (*sum of lines 2 and 3*) = \$ _____

EXPENSES 5. Gross Dollar Value of Expenditures for Program Services \$ _____

Note: Gross Dollar Value of Expenditures for Administration and Fundraising is no longer reported as a separate line item and is included in line 6.

6. **Total** Gross Dollar Value of All Expenditures (Program Services, Administration and Fundraising) (*Note: Line 6 should not be less than line 5*) \$ _____

ASSETS 7. Ending Gross Assets \$ _____

(OPTIONAL) Solicitation Comments (*If necessary, attach an additional sheet*)

(Section 7 continued)

Did the organization solicit or collect contributions in WA during the accounting year reported in Section 7? (Check one)

- Yes No If Yes, indicate the types of solicitations conducted (Check all that apply)
- Entertainment/Special Events Telephone Direct Mail Product Sale Personal Contact Email
- Vehicle Donations Internet Combined Fund Drive Other _____

States List:

Is the organization registered to fundraise outside of Washington State? If so, a list of states where the organization is registered to solicit contributions must be enclosed.

(Section 8) CURRENT OFFICERS OR PERSONS ACCEPTING RESPONSIBILITY FOR THE ORGANIZATION

Check if address and phone number for the individuals listed below is the same as the information reported in Section 1. If checked, only the individual's name and title must be reported below.

1. Name _____ Title _____ Phone () _____

Address _____ City _____ State _____ Zip Code _____

2. Name _____ Title _____ Phone () _____

Address _____ City _____ State _____ Zip Code _____

Legal Actions:

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? If so, a list of legal actions, including the court or other forum, case number, title of legal action and date of each action, must be enclosed.

"Legal Actions" include any administrative or judicial proceedings alleging that the entity has failed to comply with these rules, chapter 19.09 RCW, or state or Federal laws pertaining to taxation, revenue, charitable solicitation, or record-keeping, whether such action has been instituted by a public agency or a private person or entity.

(Section 9) Does the organization pay any of its officer(s) or employee(s)? (Check one)

- Yes (If Yes, this section **must** be completed.) No

THREE, CURRENT OFFICERS / EMPLOYEES RECEIVING THE GREATEST COMPENSATION

Name _____

Name _____

Name _____

(Section 10) PERSON OR ENTITY THAT PREPARES, REVIEWS, OR AUDITS FINANCIAL INFORMATION REPORTED IN SECTION 7

Entity Name _____

Name _____ Address _____

City _____ State _____ Zip Code _____

COMBINED FUND DRIVE (Optional) (WAC 434-750)

The following sections are optional and should only be completed if the organization would like to participate in the Combined Fund Drive. The Washington State Combined Fund Drive promotes workplace giving for all state employees. Personnel are encouraged to give to charities through payroll contributions or agency fundraising events. By agreeing to become a member of the Combined Fund Drive and completing the information in the following section, the organization will be provided access to the thousands of potential donors that the Combined Fund Drive has to offer. Any questions should be directed to the Combined Fund Drive at (360) 902-4162 during regular business hours or by email at cfid@sos.wa.gov

PRIMARY CATEGORY OF SERVICE

To participate, please indicate the organization's primary category of service. (Check up to three only)

- | | | |
|--|---|---|
| <input type="checkbox"/> A Arts, culture, humanities | <input type="checkbox"/> J Employment/jobs | <input type="checkbox"/> S Community improvement |
| <input type="checkbox"/> B Educational institutions & related activities | <input type="checkbox"/> K Food, nutrition, agriculture | <input type="checkbox"/> T Philanthropy & volunteerism |
| <input type="checkbox"/> C Environmental quality, protection | <input type="checkbox"/> L Housing Shelter | <input type="checkbox"/> U Science |
| <input type="checkbox"/> D Animal-related activities | <input type="checkbox"/> M Public safety/disaster preparedness & relief | <input type="checkbox"/> V Social sciences |
| <input type="checkbox"/> E Health-general & rehabilitative | <input type="checkbox"/> N Recreation, leisure, sports, athletics | <input type="checkbox"/> W Public affairs/society benefits |
| <input type="checkbox"/> F Mental health, crisis intervention | <input type="checkbox"/> O Youth Development | <input type="checkbox"/> X Religion/spiritual development |
| <input type="checkbox"/> G Disease/disorder/medical disciplines (multipurpose) | <input type="checkbox"/> P Human service - other multipurpose | <input type="checkbox"/> Y Mutual membership benefit organization |
| <input type="checkbox"/> H Medical research | <input type="checkbox"/> Q International | <input type="checkbox"/> Z Unknown, unclassifiable |
| <input type="checkbox"/> I Public Protection: crime/courts/legal services | <input type="checkbox"/> R Civil rights/civil liberties | |

Note: Purpose codes are adopted from the National Taxonomy of Exempt Organizations (NTEE)

CERTIFICATION STATEMENT

- Yes No This organization adheres to generally accepted accounting principles in financial and record-keeping practices.

I certify that the organization named in this application is in compliance with all statutes, Executive Orders and regulations restricting or prohibiting U.S. persons from engaging in transactions and dealings with countries, entities, or individual subject to economic sanctions administered by the U. S. Department of Treasury Office of Foreign Assets Control. The organization named in this application is aware that a list of countries subject to sanctions, a list of Specially Designed nationals and Blocked Persons subject to such sanctions, and overviews and guidelines for each such sanctions program can be found at www.treas.gov/ofac. Should any change in circumstances pertaining to this certification occur at any time, the organization will notify the Washington State Combined Fund Drive Office immediately.

- Yes