

INSTRUCTIONS – OPTIONAL REGISTRATION

General Instructions: Complete the entire form or type “N/A” if not applicable and check boxes where indicated. Incomplete forms will not be accepted. There is no filing fee, but a \$50 fee applies if Expedited Service is requested. Do not staple or bind form or its attachments. Please clearly label all attachments with the Section number to which they correspond. Unless otherwise specified, all questions should be answered in the present tense, with current information.

Page 1: Check the box indicating the type of registration submitted (initial or update). If updating, enter the organization’s 1-5 digit registration number on the line provided on page 1 and the lines located in the upper left corner of pages 2 & 3. Your registration number can be obtained by conducting an online search at <http://www.sos.wa.gov/charities/search.aspx>

Check the Expedited Service box to request priority processing within two working days of receipt (or as soon thereafter as possible); an additional \$50 fee applies.

Section 1: Enter the full name of the organization on the line provided. Name use restrictions may apply; please refer to RCW 19.09.100(9) & (10) and RCW 19.09.230.

Enter the organization’s mailing address on the lines provided. If the mailing address is in “care of” a law firm or other entity, please include “c/o” prior to the name and address of the firm or other entity. If a Private Mail Box is provided in the Mailing Address field, it must be identified as such by including the acronym “PMB” followed by the box number. A *“Private Mail Box” is a mail delivery designation for addresses associated with a commercial mail receiving agency (e.g. Mailboxes Etc.).*

A telephone number is required. If the organization does not have a telephone number, please enter a contact number. If the organization has an email and/or web address, please enter them on the lines provided.

Enter the organization’s street address on the lines provided. If street and mailing addresses are the same and the organization does not use a PO Box or PMB, it can check the box in lieu of completing the street address fields. If the organization is located in Washington State, enter the County of its physical location.

Section 2: Check “Yes” or “No” box indicating if anyone is compensated for soliciting or collecting contributions in WA on the organization’s behalf. **If “Yes” is checked, the organization cannot claim the “Raising less than \$50,000” exemption type.**

Check **one** box indicating the reason the organization believes it is exempt from annual registration requirements under Washington’s Charitable Solicitations Act, RCW 19.09. If the organization checks the “Raising less than \$50,000 a year” exemption box, it cannot pay officers, employees or other persons or use the services of a commercial fundraiser. If the organization checks the “Appeals on behalf of a specific individual” exemption box, it cannot be an organization that solicits on behalf of one or more individuals on a repeated or ongoing basis. Contact the Charities Program to confirm the organization meets exemption criteria, if needed.

Section 3: Indicate if the organization is structured as Nonprofit Corporation in Washington State or another state by checking the appropriate box. Provide a Unified Business Identifier (UBI) number if incorporated in WA. *“Foreign” refers to an entity that is incorporated in a state other than WA.* If the organization is not structured as a corporation (e.g. Association, Trust, etc.) or does not have a legal structure, check “Other”.

If the organization is a subordinate under a central organization, do not provide the central organization’s structure in Section 3. Do not submit a photocopy of the organization’s governing document or by-laws with this form.

Section 4: Enter the Federal EIN (aka FEIN, taxpayer ID number) assigned to the organization by the Internal Revenue Service. If the organization falls under a central organization’s IRS group exemption, do not provide the central organization’s Federal EIN in this field.

Check the “Yes” box if the organization has been granted federal tax-exempt status by the IRS. If the organization has not applied, and has no plans to apply, for tax-exempt status, check “No.” If the organization has applied for tax-exempt status and is awaiting the IRS’ decision, check “Applied”. Select “Will Apply” if the organization has plans to apply, but has not yet done so. Select “Revoked” if the organization’s federal tax-exempt status was revoked by the IRS. Select “Group” if the organization is included under a central or superior organization’s IRS group tax exemption.

Indicate the type exemption by entering the section of the Internal Revenue Code under which federal tax-exempt status was granted on the line provided (e.g. 3, 4, etc.). If tax-exempt status was granted under a code other than 501c, describe it on the line provided.

Section 4, continued:

Required Attachment: If the organization checked the "Yes" box in Section 4 indicating that IRS federal tax-exempt status has been granted, a photocopy of its IRS *Determination Letter* must be submitted with this form. If the organization checked the "Group" box in Section 4 indicating it is included under a central or superior organization's group tax exemption, a copy of the central/superior organization's IRS *Determination Letter* and a letter from the central/superior organization confirming its relationship with your organization must be submitted with this form.

If Federal Tax-Exempt Status has been Granted or Changed: If the organization has been granted federal tax-exempt status, or its status has changed, since its last filing with the Charities Program, enclose a copy of its IRS *Determination Letter* documenting the change when submitting this form. If Group Exempt, a copy of the central/superior organization's IRS *Determination Letter* and a letter from the central/superior organization confirming its relationship with your organization must be submitted with this form.

Automatic Exemptions: If the organization is exempt from federal tax, but is not required to apply for a ruling/determination letter from the IRS, check the appropriate box indicating the reason.

Section 5: List any Also Known As names the organization uses to solicit contributions in WA on the lines provided; these may include acronyms, DBAs, abbreviations, program names, etc. Attach an additional sheet if needed. Name use restrictions may apply please refer to RCW 19.09.100(9) & (10) and RCW 19.09.230. Do not list the name of any other charitable organization as an AKA even if they are under your supervision or control. Entities with a separate existence for legal or tax purposes must register independently.

Section 6: Briefly (*100 or less*) describe the purpose of the organization on the lines provided. If necessary, enclose additional sheet.

Section 7/Signature: A signature and date are required. This form may be signed by the organization's President, Treasurer or a comparable officer. In the absence of officers, a person responsible for the organization may sign.

Combined Fund Drive: Select up to three service categories and check the appropriate certification boxes if the organization wishes to participate in the Washington State Combined Fund Drive. Participation is optional.

Submissions are Subject to Public Review: Do not include social security numbers or other personal identifiers, bank account information or statements with this form or its attachments.

FEES: The Optional Registration is free. If **Expedited Service** is requested, include a \$50.00 fee and write the word "EXPEDITE" in large, bold letters on the outside of the envelope. Make checks payable to "*Secretary of State*."

Mail completed forms and payment to: Secretary of State, Charities Program PO Box 40234 Olympia, WA 98504-0234
For overnight/express mail carriers use: Secretary of State, Charities Program 801 Capitol Way S Olympia, WA 98501