DO NOT STAPLE

Office of the Secretary of State
Corporations & Charities Division

Charities Program • 801 Capitol Way South • PO Box 40234 • Olympia, WA 98504-0234
Phone: 360-725-0378 • Fax: 360-664-4250 • E-mail: trustinfo@sos.wa.gov
Web Address: www.sos.wa.gov/charities

APPLICATION FOR REGISTRATION AS A CHARITABLE TRUST FEE: $25.00

PURSUANT TO RCW 11.110 AND WAC 434-120-310 *Make fees payable to "State of Washington"*

☐ Check here to request **EXPEDITED SERVICE** *(optional)*. If checked, please enclose an additional **$50** fee.

Please complete entire application or write "n/a" if not applicable. Incomplete applications will not be accepted. All documents must be typewritten or printed legibly in ink. **DO NOT staple or bind application or attachments.**

SECTION 1 – ORGANIZATION INFORMATION

Organization's Full Legal Name:		
Telephone: ( )	Fax: ( )	
Mailing Address:	City, State, ZIP:	
Physical Address:	City, State, ZIP:	County:
Email Address:	Internet (www):	
FEIN Number *(Federal Employer Identification Number)*:	UBI Number *(Unified Business Identifier)*:	

FEDERAL TAX EXEMPT STATUS

Has the organization applied for Federal tax-exempt status? (check one) ☐ Yes ☐ No
Has the organization been granted IRS Federal tax-exempt status? (check one)
☐ Yes, exemption granted under 501(c) (_____). A copy of the organization's IRS Determination Letter is enclosed ***(REQUIRED)***.
☐ No (Please supply a copy of the organization's IRS Determination Letter when tax exemption has been granted.)

SECTION 2 – ESTABLISHMENT OF TRUST

Type of document establishing trust (check one):	☐ Articles of Incorporation and Bylaws ☐ Trust Agreement	☐ Last Will and Testament ☐ Probate Order

ATTACHMENT (REQUIRED)

Attach a copy of the organization's trust instrument (e.g. Articles of Incorporation, Trust Agreement, Probate Order, Last Will and Testament).

TRUST INSTRUMENT Complete column A or B:			
A ☐ Charitable Trust (A trust that is not structured as a corporation)			**B ☐ Charitable Corporation** (A trust that is structured as a corporation)
Estate of:		Trust Agreement/Inter Vivos of:	Name of corporation:
County probated:	**OR**	Date of establishment (mm/dd/yy):	Date of incorporation (mm/dd/yy):
Probate number:			
Probate date:			

Summarize the organization's charitable purpose(s) *(Attach an additional sheet if needed):*

Name and address of the charitable organization(s) that the trust designates as beneficiary *(Attach an additional sheet if needed):*

SECTION 3 – OFFICERS, DIRECTORS, OR TRUSTEES

Name:	Title:
Telephone: ( )	Email:
Address:	City, State, ZIP:
Name:	Title:
Telephone: ( )	Email:
Address:	City, State, ZIP:

SECTION 4 – FINANCIAL INFORMATION

Did the organization submit a Federal tax return to the Internal Revenue Service for the fiscal/accounting year reported? (check one)
☐ Yes - Please check type of tax return filed: ☐ IRS Form 990 ☐ IRS Form 990EZ ☐ IRS Form 990 PF
☐ No - Please proceed to Financial Report, supply fiscal/accounting beginning/ending dates, and complete lines 1-6.

If the organization has/will file an IRS Form 990, 990PF or 990EZ for the fiscal/accounting year reported…a complete copy of the tax return **MUST** be provided with this application. Be sure to include Schedule A and all attachments except contributor lists/Schedule B. Do not attach the organization's financial statement, audit, bank statement, or annual report. **DO NOT staple** or bind Form 990, 990EZ or 990PF, Schedule A, or their attachments.

NOTE: If the organization's tax return for the fiscal/accounting year reported has not yet been completed, please contact the Charities Program for instructions. **DO NOT** submit the Application to Register as a Charitable Trust or filing fee without a copy of the Form 990, 990EZ or 990PF.

FINANCIAL REPORT Please supply fiscal/accounting beginning/ending dates and complete line items 1 - 6:	
Fiscal/accounting year begin date: (Mo/Day/Year)	**Fiscal/accounting year end date:** (Mo/Day/Year)
1. Beginning assets:	$
2. Total revenue:	$
3. Grants, contributions, and program services:	+ $
4. Compensation of officers, directors, trustees, etc.:	+ $
5. Total expenses *(add lines 3, 4 and all other expenses)*:	= $
6. Ending assets:	$

SECTION 5 – SIGNATURE *(Required)*

By signing this application for registration, the applicant certifies: (a) he/she is authorized to represent the above-named charitable trust; and (b) the information contained in the application and in the attachments are accurate and true to the best of the applicant's knowledge.

_____	_____	_____	_____
Signature of trustee, officer, or director	Printed name	Title	Date

Contact telephone number **(_____)** _____

NOTE: Expedited Service is available for registration documents requiring priority processing. To utilize Expedited Service, please enclose **$50** per registration document (in addition to regular fees), check (√) the box on page one of this document, and write the word **"EXPEDITE"** in bold letters on the outside of the envelope. Your request will be processed by the Charities Program within two working days of submission or as soon thereafter as possible.

↓ **Please proceed to page 4, Section 6 if the organization wishes to be included in the Charitable Trust Directory.** ↓

SECTION 6 – Charitable Trust Directory Information *(Optional)*

Complete this section if the organization wishes to be included in the Washington Charitable Trust Directory.

Check one: ☐ Yes! Include the organization in the Washington State Charitable Trust Directory.
☐ No. We do not wish to be included at this time.

Type of organization (check one): ☐ Grantmaker ☐ Grantseeker ☐ Both Grantmaker and Grantseeker

Contact person *(if different than trustee)*:

Telephone number: ( )

PURPOSE CODES

Check up to three (3) of the following purpose codes to describe the organization's activities:

☐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

NOTE: *Purpose codes are adopted from the National Taxonomy of Exempt Organizations (NTEE).*

GRANTMAKERS ONLY

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

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

Average grant size (check one): ☐ $5,000 or below ☐ $5,001 - $10,000 ☐ $10,001 - $25,000 ☐ $25,001 - $50,000 ☐ $50,001 or above

Geographic service area (check all that apply):
☐ Washington State
☐ Pacific Northwest
☐ United States
☐ Local (describe) _____
☐ Other (describe) _____

Suggested initial approach for grant seekers (check all that apply):
☐ Letter
☐ Request information packet
☐ E-mail _____
☐ Telephone call
☐ Do not call
☐ Other (describe) _____

Print Form