



Office of the Secretary of State
Corporations & Charities Division

Physical/Overnight address Mailing Address
801 Capitol Way S PO Box 40234
Olympia, WA 98501-1226 Olympia, WA 98504-0234
Tel: 360.725.0377 www.sos.wa.gov/corps

This Box For Office Use Only

- Initial Registration: \$60** *new registration number is issued*
- Re-Registration: \$60 + late fee(s)**
- Late Fee: \$50 per year** \$ _____
- Renewal: \$40**
- To Expedite Filing, Add \$50**

CHARITABLE ORGANIZATION INITIAL REGISTRATION / RE-REGISTRATION / ANNUAL RENEWAL RCW 19.09

All fields required unless otherwise specified

Registration # _____

ORGANIZATION INFORMATION

(1) Organization Name: _____

(2) Also known as (AKA) Names: _____

(3) Federal EIN/Tax ID Number: (Nine digits) _____

(4) Is the charitable organization a WA Corporation, LLC, or Nonprofit? (Check one) Yes No

If Yes, UBI No. is required: (Nine digits) _____

(5) Is the charitable organization a Foreign Corporation, LLC, or Nonprofit (Outside of WA State)?

(Check one) Yes No

If Yes, only the Jurisdiction State or Country is **required** below, UBI No. above is optional.

Jurisdiction: _____ (State or Country of formation/incorporation)

(6) FEDERAL TAX EXEMPT STATUS:

If filing a renewal and the tax exempt status has not changed continue to page 2.

Does the organization have a Federal Tax Exempt Status: (Check one) Yes No

If Yes, **one** selection **must** be made below. Attach the organization's most recent IRS determination letter.

(Check one) 115(1) 170(c)(1) 501(c) (1-27 only) _____ **Group Exemption** if group exempt see instructions for additional attachments that are required.

If the organization is one of the following, then automatic exemption applies and an IRS Determination letter is not required. **Select exemption reason below.**

Church/Church Affiliated Government Business Annual gross receipts normally \$5,000 or less

Registration # _____

(10) ORGANIZATION'S FINANCIAL INFORMATION: *Please see instructions to properly complete this section

10.A. - Initial Registration Only: Has the Organization completed a full accounting year? (Check one) Yes No
An "accounting year" is twelve consecutive months in duration; it generally begins on the first day of the first month and ends on the last day of the twelfth month.

If No, only provide the **First Accounting Year End Date: (mm/dd/yyyy)** _____

If Yes, complete the solicitation report below by providing the accounting year and financial information.

10. B. Renewal / Re-Registration Only: Has the organization's accounting year changed? (Check one) Yes No

If Yes, see instructions prior to completing the solicitation report and submitting the renewal.

If No, complete the solicitation report below

SOLICITATION REPORT FOR PRECEDING, COMPLETED ACCOUNTING YEAR

ALL below financial fields must be completed, enter zero if the organization does not have financial information to report for a specific line. **Do Not** enclose a copy of the IRS Form 990, 990PF, 990EZ or audited financial statements. Actual gross figures are required, rounded to the nearest dollar; net figures or estimates will not be accepted.

Organization's Accounting Year Begin Date

Organization's Accounting Year End Date

(mm/dd/yyyy)

(mm/dd/yyyy)

1. Beginning Gross Assets: \$ _____

2. Revenue: Gross Contributions from Solicitations: \$ _____

3. Gross Revenue from all other sources: \$ _____

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

5. Expenses - Gross Expenditures to Program Services: \$ _____

6. Total Gross from All Expenditures (*cannot be less than line 5*): \$ _____

7. Ending Gross Assets: \$ _____

(11) SOLICITATION COMMENTS: Optional _____

(12) TYPES OF SOLICITATION:

Did the Organization solicit or collect contributions in WA during the accounting year reported?

(Check one) Yes No **If Yes**, indicate the types of solicitations conducted, at least one is required.

(Check all that apply) Advertisement/Coupon Books Direct Mail Email Entertainment/Special Events
 Internet Newspaper/Magazine/Publication Personal Contact Product Sale Telephone TV/Radio
 Vehicle/Boat Donations *Written in options are not recorded*

(13) Is the Organization registered to solicit/fundraise outside of WA? (Check one) Yes No

If Yes, list all states: _____

Registration # _____

(14) THREE CURRENT OFFICER(S)/EMPLOYEE(S) RECEIVING THE GREATEST COMPENSATION:

Does the organization pay any of its officer(s) or employee(s)? (Check one) Yes No

If Yes, this section must be completed.

Name: _____ Name: _____

Name: _____

(15) CURRENT PERSON(S) OR OFFICERS ACCEPTING RESPONSIBILITY FOR THE ORGANIZATION:

Check if address and phone number for the individual(s) listed is the same as the information reported in the Organization's Mailing Address Information on page 2. *If checked, only the individual's name and title must be reported*

Name: _____ Title: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____ Title: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Additional attachment provided? (Check one) Yes No

If Yes, attachment must be clearly labeled "15 - Current Person(s) Accepting Responsibility"

(16) ORGANIZATION'S FINANCIAL PREPARER: Required if the Solicitation Report on page 3 has been completed.

Person or Business that prepares, reviews, or audits financial information, if any, or Person or Business that completed the Solicitation Report

Check one and complete the corresponding section.

Business - Business's Name: _____

Representative's Name: _____ Title: _____

Address: _____ City: _____ State: _____ Zip: _____

Individual - Name: _____ Title: _____

Address: _____ City: _____ State: _____ Zip: _____

(17) ORGANIZATION'S LEGAL INFORMATION:

Has the charitable organization or any individual in its registration been subject to any legal action in which a judgment or final order was entered within the last 10 years, or action is currently pending?

(Check one) Yes No

If Yes, complete the below fields and attach the court documentation for each instance listed.

Court (Jurisdiction): _____ Case Number: _____

Title of Legal Action: _____ Date of Legal Action: _____

"Legal Actions" include any administrative or judicial proceedings alleging that the business has failed to comply with these rules, [RCW 19.09](#), 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 business.

