Charitable Trust Renewal Form Check List

Certain sections of the renewal form are pre-populated with registration information provided by the organization the previous year. Please review the entire form, including the pre-populated sections, to ensure the information is accurate. If any information has changed, please draw a line through the incorrect information and write in the correct information. If the renewal form was sent to you electronically, please **bold** any changes to pre-populated fields to distinguish them from unchanged fields. Each question must be completed and all required attachments must be included with your renewal form.

The items in the checklist below are the most common reasons renewals are rejected. Please use the checklist to prevent any delay in processing your submission.

Renewal Form

☐ Please print legibly in ink. Do not staple or bind documents.

☐ Ensure each question is answered. If the question does not apply, please mark it as "NA."

☐ You must include the acronym "PMB" in the mailing address field if using a Private Mail Box.

☐ If "mailing address" is a PO Box or Private Mail Box (PMB), you must provide a street address in the "street address" field.

☐ Ensure that Trustee name and contact phone number is correct.

☐ Please indicate whether or not your organization will be participating in the Charitable Trust Directory. If "Yes", **Section 4** must be completed.

☐ Sign the renewal form. It must be signed by a Trustee or comparable officer. In the absence of trustees/officers, the person responsible for the organization may sign the application.

Required Attachments

☐ A photocopy of the organization's IRS Federal Return (990/990EZ/990PF) for the preceding fiscal or accounting year (including all schedules and attachments, **EXCEPT** Schedule B Contributors List, Capital Gain/Loss Statements, Bank Statements or Stock Statements.) If the organization's information return for its most recent fiscal or accounting year end has not yet been completed, or there has been a change in the organization's fiscal or accounting year, please contact the Trust Program for instructions.

☐ $25.00 renewal fee. Make checks payable to the **"**State of Washington**."**

☐ Additional $50.00 "Expedite fee" if priority processing is requested.

Please Do Not Attach or Mail the Following Items

- Schedule B – Contributors List, Capital Gain/Loss Statements , Bank Statements or Stock Statements
- By-Laws
- Bound reports or publications

Please note that the application and all attachments are subject to public review. Do not provide social security numbers, bank account information, or any other information not requested that you do not wish to make available to the public.

Please contact the Trust Program at (360) 725-0378 or trustinfo@sos.wa.gov if you have any questions or require assistance.

Print Form