



STATE OF WASHINGTON SECRETARY OF STATE

Charities Program • 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 Expedited Service (optional) \$50
Renewal \$40 Late Fee/add additional \$50

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 Legal Name
Mailing Address Phone
City State Zip Code
Email Website

- Check here if the organization prefers to receive annual renewal reminders via email
Check if Street Address is the same as Mailing Address Provide County below.

Street Address County (WA only)
City State Zip Code

Alternate Address(s):

If the organization, or a commercial fundraiser operating on its behalf, uses any other mailing, street, electronic or internet address(s) to conduct solicitations in Washington State, then you must enclose a list of the other address(s) used.

(Section 2) ORGANIZATIONAL STRUCTURE

- WA State Nonprofit Corporation WA State Unified Business Identifier (UBI)
Foreign Nonprofit Corporation (Outside WA State) Other

(Section 3) FEDERAL STATUS and TAX INFORMATION

- 1. Federal EIN/Tax ID #
2. Federal Tax Exempt Status (Check one) Yes No Applied Will Apply Group
If Yes, type of IRS Federal exemption
If the organization's federal status has changed since its last filing with the Charities Program, a copy of its IRS Determination Letter must be provided.
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 legal name

\_\_\_\_\_

\_\_\_\_\_

**(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*



**TIP:** Guidelines at [www.sos.wa.gov/ assets/charities/SolReportguidelinesfor990990EZ990PF.pdf](http://www.sos.wa.gov/assets/charities/SolReportguidelinesfor990990EZ990PF.pdf)

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

*Please complete the financial sections below. **Do not** attach 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 Program Services, Administration and Fundraising Expenditures (*Note: Line 6 should not be less than line 5*) \$ \_\_\_\_\_

**ASSETS** 7. Ending Gross Assets \$ \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

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

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 \_\_\_\_\_

Is the Organization registered to fundraise outside of Washington State? If so, please attach a list of states where the organization is registered to solicit contributions.

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

Check if address and phone number for individuals listed is the same as Section 1. If checked, only name and title are needed below.

**1. Name** \_\_\_\_\_ Title \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**2. Name** \_\_\_\_\_ Title \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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, please attach a list of legal actions, including the court or other forum, case number, title of legal action, and date of each action.

*“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 employee(s), officer(s) or other person(s)? (*Check one*)

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

**THREE, CURRENT OFFICERS / EMPLOYEES RECEIVING THE GREATEST COMPENSATION**

Name \_\_\_\_\_ Title \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

**(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) 704-7143 during regular business hours or by email at [dfd@sos.wa.gov](mailto:dfd@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](http://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