



Office of the Secretary of State
Corporations & Charities Division

PO Box 40234 • Olympia, WA 98504-0234
Phone: 360-725-0378 • Web Address: www.sos.wa.gov/charities

**WA STATE UNIFIED REGISTRATION
STATEMENT ADDENDUM Including the
WA STATE COMBINED FUND DRIVE**

Check all that apply

- Initial/Re-Registration \$60 Renewal \$40
 Late Fee/add additional \$50 Expedited Service \$50 (optional)

This Box For Office Use Only

REGISTRATION NUMBER: (1-5 digits) _____

Need your registration number?
Search <http://www.sos.wa.gov/charities/search.aspx>

This form must be submitted with the Unified Registration Statement (URS).

Complete entire form or type "N/A" if not applicable and check boxes where indicated. See detailed instructions.

Organization's Name _____

Email _____

Check here if organization prefers to receive annual renewal reminders via email (*Email address is required if checked*)

(Section 1) 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 yr)
(mm/dd/yyyy)

(Section 2) FEDERAL STATUS and TAX INFORMATION

REQUIRED ATTACHMENT: If the organization's federal status was granted or has changed since its last filing with the Charities Program, a copy of its IRS Determination Letter must be provided with this form.

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 3) Does the organization pay any of its officer(s) or employee(s)? (*Check one*)

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

THREE, CURRENT OFFICERS / EMPLOYEES RECEIVING THE GREATEST COMPENSATION

Name _____
Name _____
Name _____

New organizations that have yet to complete their first accounting year, skip Sections 4 and proceed to Section 5

Washington State Charities Registration Number _____

(Section 4) Did the organization solicit or collect contributions in WA during the accounting year reported in Section 4?
(Check one)

Yes No

(Section 4 cont.) SOLICITATION REPORT FOR PRECEDING, COMPLETED ACCOUNTING YEAR

Please complete the financial sections below. **Do not** enclose a copy of Form 990 in lieu of completing Section 4.

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 All Expenditures (Program Services, Administration and Fundraising) (*Note: Line 6 should not be less than line 5*) \$ _____

ASSETS 7. Ending Gross Assets \$ _____

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

(Section 5) SIGNATURE (Required)

By signing this form, the applicant (a) states that the organization's governing body or committee has reviewed and accepted the financial information provided in Section 4; (b) certifies that the information contained in the registration, and its enclosures, are accurate and true to the best of the applicant's knowledge; (c) irrevocably appoints the Secretary of State to receive process (notice of lawsuit) in non-criminal cases against the applicant, and under the conditions set out in RCW 19.09.305; and (d) certifies that neither the organization nor any of its officers, directors, and principals have been convicted of a crime involving charitable solicitations, nor been subject to a permanent injunction or administrative order under the Washington Consumer Protection Act (Chapter 19.86 RCW) in the past 10 years.

X _____
Signature of Applicant **Printed Name / Title** **Date** **Phone**

This form must be signed and dated by the organization's President, Treasurer or a comparable officer.

ALL SUBMISSIONS ARE SUBJECT TO PUBLIC REVIEW

Make checks payable to: "Secretary of State"

Renewal forms **received** after the renewal due date are subject to a **\$50 late fee**. The Postmark is **not** the received date.

Send regular mail to: Secretary of State, Charities Program PO Box 40234 Olympia, WA 98504

Send overnight/express mail to: Secretary of State, Charities Program 801 Capitol Way S Olympia, WA 98501

COMBINED FUND DRIVE

(Optional) (WAC 357-55)

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) 902-4162 during regular business hours or by email at cfid@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. 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