



Office of the Secretary of State

Corporations & Charities Division

Mailing Address: PO Box 40234 • Olympia, WA 98504 - 0234

Phone: 360 - 725 - 0378 • Web Address: www.sos.wa.gov/corps

No fee

Expedite fee \$50

This Box For Office Use Only

CHARITABLE TRUST CLOSURE

RCW 11.110

All fields required unless otherwise specified

ORGANIZATION INFORMATION

Registration # _____

Organization Name: _____

If organization's mailing address is no longer valid please provide an address where the closure document(s) can be mailed.

Attention to: _____

Address _____

City _____ State _____ Zip _____

Date of Closure: _____

ORGANIZATION'S FINANCIAL INFORMATION

Please check the type of tax return that was filed for the final accounting year: The form **MUST** be enclosed . (Check one) 990 990EZ 990PF 990N Other and continue to fill out the financial information below.

FINANCIAL REPORT FOR PRECEDING, COMPLETED ACCOUNTING YEAR

ALL below financial fields must be completed. Enter zero if the organization does not have any financial information to report for a specific field. The organization's form 990 or other tax form showing the amended fiscal year **MUST** be enclosed.

Beginning Gross Assets: \$ _____	Ending Gross Assets: \$ _____
Total Revenue: \$ _____	Compensation of officers/directors/trustees: \$ _____
Grants, Contributions and Program Services: \$ _____	Total Expenses: \$ _____

Registration # _____

CLOSURE REASON

Closure Reasons: Organization no longer exists Organization is not required to register

Other (fill out below):

FILING CORRESPONDENCE ADDRESS

This address will be sent document(s) regarding this specific filing in addition to document(s) being sent to the organization's mailing address. **(Optional)**

Attention to: _____

Email: _____

Address: _____

City _____ **State** _____ **Zip** _____

ORGANIZATION'S DISSOLUTION ATTESTATION

By checking the box you confirm the below statement.

The Trust is dissolved and all assets have been distributed per the trust instrument.

SIGNATURE (Required)

By executing this document, the applicant certifies the following:

- He/she is authorized to represent the above-named charitable trust.
- The information contained herein is accurate and true to the best of the applicant's knowledge.

X _____

Signature of Applicant

Printed Name / Title

Date

Contact phone number _____