Office of the Secretary of State
Corporations & Charities Division

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

This Box For Office Use Only

Charitable Organization REPORT OF MERGER

NO FEE ☐ **Expedited Service** *(Optional)* **$50**

➢ ***Need to merge a Nonprofit Corporation? Please contact the Corporations Div. at corps@sos.wa.gov or (360) 725-0377.***

EFFECTIVE DATE OF MERGER: ____/____/_____
(mm/dd/yyyy)

(Section 1) SURVIVING ORGANIZATION INFORMATION

Name of Surviving Organization _____

Did the organization's name change as a result of the merger? If so, provide its former name below

_____

Registration Number of Surviving Organization *(1-5 digits)* _____
Need your registration number? Search http://www.sos.wa.gov/charities

Federal EIN/Tax ID # of Surviving Organization *(Nine digits)* __ __ - __ __ __ __ __ __ __

WA State Unified Business Identifier (UBI) of Surviving Organization *(Nine digits)* __ __ __-__ __ __-__ __ __

Accounting Year of Surviving Organization: Begin Date ____/____/_____ *(mm/dd/yyyy)* End Date ____/____/_____ *(mm/dd/yyyy)*

Contact Information for Surviving Organization: Phone ( ) _____

Mailing Address _____

City _____ State _____ Zip Code _____

Email _____ Website _____

(Section 2) NON-SURVIVING ORGANIZATION INFORMATION

Name of Non-Surviving Organization _____

Registration Number of Non-Surviving Organization *(1-5 digits)* _____
Need your registration number? Search http://www.sos.wa.gov/charities

Federal EIN/Tax ID # of Non-Surviving Organization *(Nine digits)* __ __ - __ __ __ __ __ __ __

WA State Unified Business Identifier (UBI) of Non-Surviving Organization *(Nine digits)* __ __ __-__ __ __-__ __ __

Mailing Address of Non-Surviving Organization: _____

City _____ State _____ Zip Code _____

Provide the above information for each non-surviving organization merged. If necessary, attach an additional sheet.

(Section 3) **ALSO KNOWN AS NAMES USED BY SURVIVING ORGANIZATION**

List any other name(s) the surviving organization will use to solicit contributions**,** if different than registered name

_____

_____

_____

(Section 4) **SIGNATURE**

By signing this form, the applicant –

A. Certifies that the information contained in the form, and its enclosures, are accurate and true to the best of the applicants knowledge;

B. 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

C. 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 the** *"Secretary of State"*
- **Send regular mail to:** Secretary of State, Charities Program PO Box 40234 Olympia, WA 98504-0234
- **Send overnight/priority mail to:** Secretary of State, Charities Program 801 Capitol Way S Olympia, WA 98501-1226

Have questions? Instructions for this form are available at http://www.sos.wa.gov/charities/AllForms.aspx
For further assistance, contact the Charities Program at charities@sos.wa.gov or call (360) 725-0378 during regular business hours.