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

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

□ Initial - No filing fee

□ Expedited Services \$50

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OPTIONAL REGISTRATION FOR CHARITABLE ORGANIZATION RCW 19.09

All fields required unless otherwise specified

ORGANIZATION INFORMATION					
Organization Name:					
Also known as (Names):					
Federal EIN/Tax ID Number: (Nine digits)	Federal EIN/Tax ID Number: (Nine digits)				
Is this charitable organization associated wit	h a WA State Corporation or LLC, including Nonprofit				
(Check one) □ Yes □ No If No, Continue	to next question				
If Yes, UBI is required UBI Number:					
Is this charitable organization associated wit (Check one) □ Yes □ No If No, Continue	th a Foreign Corporation or LLC, including Nonprofit (Outside of WA State) to next section				
If Yes, only the Jurisdiction is required be	elow, UBI above is optional.				
Jurisdiction: State	e/Country incorporated in. Org Name must match the name associated to the UBI#				
QUALIFIER FOR OPTIONAL REGIST	QUALIFIER FOR OPTIONAL REGISTRATION				
(Check all that apply)	Are you raising less than \$50,000 a year? □ Yes □ No				
Church or Integrated Auxiliary? □	Is anyone paid to carry out the services of the organization? □ Yes □ No				
Political Organization?	Below must be checked				
Raising funds for an individual? □	☐ All information is true and accurate				

Registration #	
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FEDERAL TAX EXEMPT STATUS				
Federal Tax Exempt Status: (Check one) Yes	l No			
	ganization is one of the following: Church/Church Affiliated, 00, then automatic exemption applies and an IRS Determination (1-27 if not using fillable form):			
Group Exemption (if group exempt a copy of the central organization's IRS determination letter and a letter from th central organization confirming its relationship with your organization must be submitted)				
□ Church/Church Affiliated □ Government Entity □ PURPOSE/MISSION OF THE ORGANIZATION	Annual gross receipts normany \$5,000 or less			
TORI GODINIONO CONTROL				
ORGANIZATION'S CONTACT INFORMATION				
Organization Email:	Organization Phone Number:			
Organization Website: (optional)				
Is the Street and Mailing Address the same? (Only if ma (Check one) □ Yes □ No	niling address is <u>NOT</u> a PO Box or PMB)			
If Yes, and mailing address is in WA state then Coun	nty is required in the street address box.			
If no, then please provide at the minimum the City, S the County is required.	State and Zip in the street address box. If state is WA then			
Organization Mailing Address:	Organization Street Address:			
Country: Address 1:	Country:			
Zip: City:	Zip: City: State: County:			
State:	State: County:			
Does the organization use any other addresses for Solici	tation? (Check one) Yes No			
If Yes, a list of other address(s) used <u>must</u> be enclosed.				
Other addresses include if the organization, or a commer street, electronic or internet address(s) to conduct solicit	rcial fundraiser operating on its behalf, use any other mailing, ations in Washington State.			

ORGANIZATION'S FINANCIAL INFORMATION					
Has the Organization completed a full accounting year?	□ Yes □ No				
	(An "accounting year" is twelve consecutive months in duration; it generally begins on the first day of a month and ends on the last day of a month.) If Yes is checked please continue below. If No is checked please provide the First Accounting Year End Date and continue to page 4.				
First Accounting Year End Date:					
SOLICITATION REPORT FOR PRECED	ING, COM	PLETED ACCOUNTING YEAR			
ALL below financial fields must be completed, enter zer information to report for a specific section. Do Not enclose are required; rounded to the nearest dollar; net figures or est	a copy of the	organization's 990 form. Actual gross figures			
Organization's Accounting Year Beginning Date	Orga	anization's Accounting Year Ending Date			
Beginning Gross Assets:		Ending Gross Assets:			
\$		\$			
Revenue: Gross Contributions from Solicitations:	Expenses	s: Gross Expenditures from Program Services:			
<u>\$</u>		\$			
Gross Revenue from all other sources:		Total Gross from All Expenditures:			
	(canno	ot be less than Expenditures from Program Services)			
\$		\$			
Total Dollar Value of Gross Receipts: (please add fig	gures from Rever	nue and Gross Revenue and provide total below)			
\$					
Solicitation comments:					

Registration	. #
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ORGANIZATION'S FINANCIAL INFORMATION CONTINUED FROM PAGE 3

Did the Organization solicit or collect contributions in WA during the accounting year reported?						
(Check one) □ Yes □ 1	No If Yes, indicate the ty	pes of solicitations conduc	cted.			
(Check all that apply)						
□ Advertisement/Coupon Books □ Direct Mail □ Email □ Entertainment/Special Events □ Internet						
□ Newspaper/Magazine/	Publication Personal O	Contact	□ Telephone □	TV/Radio		
□ Vehicle/Boat Donation	ns					
	tered to fundraise outside	of WA? (Check one) \Box Y	Yes □ No			
If Yes, please list all state	es.					
THREE, CURRE	NT OFFICERS/EMPLO	OYEES RECEIVING TH	HE GREATEST CO	OMPENSATION		
Does the organization pa	y any of its officer(s) or en	mployee(s)? (Check one)	\square Yes \square No			
If Yes, this section must	be completed.					
First Name:		Last Name:				
First Name: Last Name:						
First Name:		Last Name:				
CURRENT	PERSON(S) ACCEPTIN	NG RESPONSIBILITY	FOR THE ORGAN	NIZATION		
	hone number for the indiv Address Information section				ed)	
First Name:		Last Name:				
Title:	Phone:					
Address		City	State	Zip		
First Name:		Last Name:				
Title:	Phone:					
Address		City	State	Zip		
Attach an additional sh	eet if necessary					

Registration	. #
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ORGANIZATION'S FINANCIAL PREPARER

PERSON OR ORGANIZATION THAT PREPARES, REVIEWS, OR AUDITS FINANCIAL INFORMATION, IF ANY, OR PERSON OR ENTITY THAT COMPLETED THE SOLICITATION REPORT If the Solicitation Report for the preceding, completed accounting year has been filled out on page 3 the below information <u>must</u> be provided. Please check one: □ Organization (section 1) □ Individual (section 2) (Section 1) Organization Organization Name: Representative's First and Last Name: Title: Address _____ City ____ State ___ Zip ____ (Section 2) Individual Name: Title: City State Zip Address ORGANIZATION'S LEGAL INFORMATION 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? (Check one) \square Yes \square No If Yes, please complete below and enclose documentation with the registration. Court (Jurisdiction): Case Number: Date of Legal Action: Title of Legal Action: COMMERCIAL FUNDRAISERS Does the Organization use one or more Commercial Fundraisers to solicit contributions in WA? (Check one) \square Yes \square No If Yes, please complete the fields below for each contracted and sub-contracted commercial fundraiser. If necessary, attach an additional sheet. Name of Company: Fundraiser Registration Number: Address _____ City ____ State ___ Zip ____ Phone:

Registration #	
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ТП	H INC CORDECTONDENCE ADDRESS	1			
Th	his address will be sent document(s) regarding ganization's mailing address. (Optional)	this specific	filing in addition to	document(s) being sent to the	
At	ttention to:				
	mail:				
	ddress:				
	ity Stat				
SI	GNATURE (Required)				
Ву	y executing this document, the applicant certif	fies the follow	ring:		
•	He/she is authorized to represent the above	named organi	zation.		
•	The organization's governing body or committee has reviewed and accepted the financial information provided where applicable.				
•	The information contained herein is accurate and true to the best of the applicant's knowledge.				
•	He/she 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				
•	Neither the organization nor any of its office charitable solicitations, nor been subject to a Consumer Protection Act (Chapter 19.86 Ro	a permanent i	njunction or admini		
X					
	Signature of Applicant		ed Name / Title	Date	
Co	ontact phone number	 			

ALL SUBMISSIONS ARE SUBJECT TO PUBLIC REVIEW

- Make checks payable to: Secretary of State
- Please do not enclose a copy of the IRS Form 990, 990PF, 990EZ or audited financial statements
- 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