



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

Renewal - No filing fee

Expedited Services \$50

This Box For Office Use Only

OPTIONAL RENEWAL FOR CHARITABLE ORGANIZATION

RCW 19.09

All fields required unless otherwise specified

ORGANIZATION INFORMATION	Registration Number: _____
Organization Name: _____	
Also known as (Names): _____	
Federal EIN/Tax ID Number: (Nine digits) _____ If different than what is currently on record a new IRS determination letter <u>MUST</u> be attached.	
Is this charitable organization associated with a WA State Corporation or LLC, including Nonprofit (Check one) <input type="checkbox"/> Yes <input type="checkbox"/> No If No, Continue to next question If Yes, UBI is required UBI Number: _____	
Is this charitable organization associated with a Foreign Corporation or LLC, including Nonprofit (Outside of WA State) (Check one) <input type="checkbox"/> Yes <input type="checkbox"/> No If No, Continue to next section If Yes, only the Jurisdiction is required below, UBI above is optional.	
Jurisdiction: _____ State/Country incorporated in. Org Name must match the name associated to the UBI #	
QUALIFIER FOR OPTIONAL REGISTRATION	
(Check all that apply)	
Church or Integrated Auxiliary? <input type="checkbox"/>	Are you raising less than \$50,000 a year? <input type="checkbox"/> Yes <input type="checkbox"/> No
Political Organization? <input type="checkbox"/>	Is anyone paid to carry out the services of the organization? <input type="checkbox"/> Yes <input type="checkbox"/> No
Raising funds for an individual? <input type="checkbox"/>	Below must be checked
<input type="checkbox"/> All information is true and accurate	

Registration # _____

FEDERAL TAX EXEMPT STATUS

Has the organization's Federal Tax Exempt Status changed : (Check one) Yes No

If Yes, IRS Determination letter must be attached. If organization is one of the following: Church/Church Affiliated, Government Entity, or Annual gross receipts under \$5,000, then automatic exemption applies and an IRS Determination letter is not required.

(Check one) 115(1) 170(c)(1) 501(c) (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 the central organization confirming its relationship with your organization must be submitted)

Church/Church Affiliated Government Entity Annual gross receipts normally \$5,000 or less

PURPOSE/MISSION OF THE ORGANIZATION

ORGANIZATION'S CONTACT INFORMATION

Organization Email: _____	Organization Phone Number: _____
Organization Website: (optional) _____	

Is the Street and Mailing Address the same? (**Only if mailing address is NOT a PO Box or PMB**)

(Check one) Yes No

If Yes, and mailing address is in WA state then **County is required** in the street address box.

If no, then please provide at the minimum the City, State and Zip in the street address box. If state is WA then the **County is required**.

Organization Mailing Address:	Organization Street Address:
Country: _____	Country: _____
Address 1: _____	Address 1: _____
Zip: _____ City: _____	Zip: _____ City: _____
State: _____	State: _____ County: _____

Does the organization use any other addresses for Solicitation? (**Check one**) Yes No

If Yes, a list of other address(s) used **must** be enclosed.

Other addresses include if the organization, or a commercial fundraiser operating on its behalf, use any other mailing, street, electronic or internet address(s) to conduct solicitations in Washington State.

Registration # _____

ORGANIZATION'S FINANCIAL INFORMATION

Has the organization's accounting year changed? (Check one) Yes No

If Yes, the organization will need to submit an Amendment to be filed **before** the renewal. The Amendment will need to include a fiscal short report, showing the organization's financial figures from the short year.

If No, please continue below.

SOLICITATION 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. **Do Not** enclose a copy of the organization's form 990. Actual gross figures are required; rounded to the nearest dollar; net figures or estimates will not be accepted.

Organization's Accounting Year Beginning Date _____	Organization's Accounting Year Ending Date _____
Beginning Gross Assets: (must be same as ending gross assets from previous year) \$ _____	Ending Gross Assets: \$ _____
Revenue: Gross Contributions from Solicitations: \$ _____	Expenses: Gross Expenditures from Program Services: \$ _____
Gross Revenue from all other sources: \$ _____	Total Gross from All Expenditures: (cannot be less than Expenditures from Program Services) \$ _____
Total Dollar Value of Gross Receipts: (please add figures from Revenue and Gross Revenue and provide total below) \$ _____	

Solicitation comments:

Registration # _____

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 No If Yes, indicate the types of solicitations conducted.

(Check all that apply)

- Advertisement/Coupon Books Direct Mail Email Entertainment/Special Events Internet
 Newspaper/Magazine/Publication Personal Contact Product Sale Telephone TV/Radio
 Vehicle/Boat Donations

Is the Organization registered to fundraise outside of WA? **(Check one)** Yes No

If Yes, please list all states.

THREE, CURRENT OFFICERS/EMPLOYEES RECEIVING THE GREATEST COMPENSATION

Does the organization pay any of its officer(s) or employee(s)? (Check one) Yes No

If Yes, this section must be completed.

First Name: _____ **Last Name:** _____

First Name: _____ **Last Name:** _____

First Name: _____ **Last Name:** _____

CURRENT PERSON(S) ACCEPTING RESPONSIBILITY FOR THE ORGANIZATION

Check if address and phone number for the individual(s) listed is the same as the information reported in the Organization's Mailing Address. (If checked, only the individual's name and title must be reported)

First Name: _____ **Last Name:** _____

Title: _____ **Phone:** _____

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

First Name: _____ **Last Name:** _____

Title: _____ **Phone:** _____

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

Attach an additional sheet if necessary

Registration # _____

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**

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:** _____

Address _____ **City** _____ **State** ____ **Zip** _____

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) Yes No If Yes, please complete below and enclose documentation with the registration.

Court (Jurisdiction): _____ **Case Number:** _____

Title of Legal Action: _____ **Date of Legal Action:** _____

COMMERCIAL FUNDRAISERS

Does the Organization use one or more Commercial Fundraisers to solicit contributions in WA?

(Check one) Yes 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 # _____

FILING CORRESPONDENCE ADDRESS

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

Attention to: _____

Email: _____

Address: _____

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

SIGNATURE (Required)

By executing this document, the applicant certifies the following:

- He/she is authorized to represent the above named organization.
- 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 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

Contact 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