

DO NOT STAPLE

STATE of WASHINGTON



SECRETARY of STATE

Charities Program • 801 Capitol Way South • PO Box 40234 • Olympia, WA 98504-0234
Phone: 360-753-0863 • Fax: 360-664-4250 • E-mail: charities@secstate.wa.gov

OPTIONAL STATEMENT FOR AN EXEMPT ORGANIZATION **FEE: \$20 Initial**
Make fees payable to "State of Washington" **\$10 Update**

Check here to request **EXPEDITED MAIL SERVICE** (optional). If checked, please enclose an additional \$20 fee.

Please complete entire form or write "n/a" if not applicable. Incomplete forms will not be accepted.
All documents must be typewritten or printed legibly in ink. **DO NOT staple or bind form or attachments.**

Check One: <input type="checkbox"/> Initial Registration <input type="checkbox"/> Update	If Update, provide organization's Registration Number:
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SECTION 1 - ORGANIZATION INFORMATION

Organization's Full Legal Name:	
Mailing Address:	City, State, ZIP:
<i>NOTE: Please include "c/o" and the name of the firm if designated mailing address is "care of" a law firm or similar entity.</i>	
Street Address (if different than mailing):	City, State, ZIP:
<i>NOTE: If mailing address is a PO Box, you must provide a street address. If none, provide city and state of physical location.</i>	
Country:	County (if located in WA State):
Telephone Number: ()	Fax Number: ()
Email Address:	Web Address:

BASIS OF EXEMPTION FROM REGISTRATION

The organization is exempt from registration pursuant to the Charitable Solicitations Act for the following reason (check one only):

Church or integrated auxiliary - RCW 19.09.020 (2)(b)

Political organization - RCW 19.09.020 (14) & RCW 19.09.076 (1)(b)

Raising less than \$25,000 a year/all activities including fundraising are unpaid - RCW 19.09.076 (1)(a) & WAC 434-120-100 (2)(c)

Appeals on behalf of a specific individual expended solely for the individual's direct benefit - RCW 19.09.076(1)(c)

Other (describe): _____

ORGANIZATIONAL STRUCTURE

Organization Type (check one, if applicable):

<input type="checkbox"/> WA State Non-Profit Corporation	<input type="checkbox"/> Partnership
<input type="checkbox"/> Foreign (out-of-state) Non-Profit Corporation	<input type="checkbox"/> Sole Proprietorship
<input type="checkbox"/> Association	<input type="checkbox"/> Corporation Sole
<input type="checkbox"/> Trust	<input type="checkbox"/> No organizational structure
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Other (describe): _____

Date Incorporated or Established: _____ <small>(mm/dd/yyyy)</small>	State of Incorporation (if incorporated):
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UBI (Unified Business Identifier) Number (if located in WA):	FEIN (Federal Employer Identification Number):
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FEDERAL TAX STATUS

Has/will the organization apply for recognition of Federal tax-exempt status with the Internal Revenue Service (IRS)? (check one)

Yes

No If no, is the organization classified as a church under the Internal Revenue Code? Yes No

Has the organization's application for recognition of Federal tax-exempt status been accepted by the IRS? (check one)
 Yes If yes, submit a copy of the organization's IRS Determination Letter with this form. **(REQUIRED)**
 No If no, is the application pending? Yes No

If exempt, provide type of Federal tax-exempt status granted: 501(c) _____ Other:

ALSO KNOWN AS NAMES UNDER WHICH ORGANIZATION WILL SOLICIT

List all names (excluding the organization's full legal name provided above) under which contributions will be solicited. Include acronyms, abbreviations, shortened names, DBAs, and the organization's program names, if any. *(Attach an additional sheet if needed)*

NOTE: Do not list the names of any other charitable organization as an AKA, even if they are under your supervision or control or solicitations are conducted on their behalf. Entities with a separate legal existence must register independently.

PURPOSE DESCRIPTION

Summarize below the organization's programs and activities which support the stated purposes. *(Attach an additional sheet if needed)*

Contact Person Name:	Contact Person Telephone: ()
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Does the charitable organization utilize commercial fundraisers to solicit contributions in Washington State? (check one)
 Yes - Attach a list containing the name, address, telephone number, fax number, email address and contact person for each commercial fundraiser with whom the organization contracts. Include entities retained directly as well as sub-contractors, if any. Indicate which entities, if any, have authority to expend funds and/or incur obligations on behalf of the charitable organization. For each campaign, indicate the contract term (begin and end dates). **NOTE: DO NOT** submit copies of fundraising contracts with this form.
 No

SECTION 2 - SIGNATURE

By signing this renewal form, the applicant certifies that the information contained in the application and in the attachments is accurate and true to the best of the applicant's knowledge.

_____ Signature of applicant	_____ Printed name	_____ Title	_____ Date
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This form may be signed by the President, Treasurer or a comparable officer or, in the absence of officers, person responsible for the organization.

NOTE: Expedited Mail Service is available for registration documents requiring 48-hour turnaround. To utilize Expedited Mail Service, please enclose \$20 per registration document (in addition to regular fees), check (✓) the box on page one of this document, and write the word **"EXPEDITE"** in bold letters on the outside of the envelope. Your request will be processed and mailed within **TWO** business days of receipt by the Charities Program.