



## **INSTRUCTIONS: STATUS AS A PUBLIC BENEFIT NONPROFIT CORPORATION RCW 24.03A.245**

**General Instructions:** Use dark ink only. Complete the entire form and enter all requested information in the fields provided. A fillable .pdf version of this form is available for download at [www.sos.wa.gov/corps](http://www.sos.wa.gov/corps)

**Mail:** Send the completed form and payment to the address listed above.

**Payment:** Make checks or money orders payable to "Secretary of State." Checks cannot be backdated more than 60 days from the date the check is received.

**Fees:** The filing fee is \$20 for Status as a Public Benefit Nonprofit Corporation.

**Expedited Service:** If expedited service is requested, an *additional* \$50 must be added to the filing fee. Check the box indicating expedited service on page one.

### **ALL FILING FEES ARE NON-REFUNDABLE. ALL DOCUMENTS ARE PUBLIC RECORD.**

**(1) Unified Business Identifier (UBI):** Provide the UBI Number assigned to the business registration as on file with the Office of the Secretary of State of Washington. The UBI Number and name of the business **must** match our records in order to be accepted.

**(2) Name of Nonprofit Corporation:** Provide the name as recorded with the Office of the Secretary of State of Washington. The Name and UBI Number of the business **must** match our records to be accepted.

**(3) Public Benefit Designation:** Select "Yes" or "No" if the business chooses to add the term "Public Benefit" to its name. If "Yes", Public Benefit will be affixed to the end of the business name that is currently on record with our office.

**(4) Basis for Public Benefit Designation:** Select one option for the basis of Public Benefit Designation. If selecting that the business is not required to apply for tax exempt status, select the reason.

**(5) Return Address for this Filing:** If provided, the confirmation regarding this specific filing will be sent to this address, in addition to the Registered Agent's address

**(6) Authorized Person:** Sign, print, provide the signer's title, and date the document.

If you have questions, need assistance, or would like to provide feedback, please visit the Corporations Division website at [sos.wa.gov/corps](http://sos.wa.gov/corps) email [corps@sos.wa.gov](mailto:corps@sos.wa.gov) or call 360-725-0377.



Physical/Overnight address: 801 Capitol Way S Olympia, WA 98501-1226

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

- ☐ **Filing Fee \$20**
- ☐ **To Expedite Filing, Add \$50**

**APPLICATION FOR STATUS AS A  
PUBLIC BENEFIT NONPROFIT CORPORATION**  
**[RCW 24.03A.245](#)**

All fields are **REQUIRED** unless otherwise specified

**(1) UBI No.:** \_\_\_\_\_

**(2) NAME OF NONPROFIT CORPORATION:** (as currently recorded with the Office of the Secretary of State)

\_\_\_\_\_

**(3) PUBLIC BENEFIT DESIGNATION:** Does the Nonprofit Corporation choose to have the term Public Benefit affixed to its business name? (Check one) ☐ Yes ☐ No

If Yes, Public Benefit will be affixed to the end of the current business name on record.

**(4) BASIS FOR PUBLIC BENEFIT DESIGNATION:** (Check one)

- ☐ The Nonprofit Corporation has received from the IRS a letter of determination of tax exempt status under Section 501(c)(3).
- ☐ The Nonprofit Corporation is a business that is not required to apply for tax exempt status under Section 501(c)(3). Why is the Nonprofit Corporation not required to apply for tax exempt status?
- ☐ Church/Church Affiliated
- ☐ Government Entity
- ☐ Annual gross receipts normally \$5,000 or less

**(5) RETURN ADDRESS FOR THIS FILING:** (optional)

If provided, the confirmation regarding this specific filing will be sent to the address below, in addition to the Registered Agent's address.

**Attention:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**(6) AUTHORIZED PERSON:**

**I hereby certify, under penalty of law, that the above information is accurate and complies with the filing requirements of state law.**

\_\_\_\_\_  
**Signature of Authorized Person**

\_\_\_\_\_  
**Printed Name/Title**

\_\_\_\_\_  
**Date**