



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

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

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Select one filing fee option

- Filing Fee \$60 - Default
- Filing Fee \$20 - Certification required (section 4)

To Expedite Filing, Add \$50

NONPROFIT CORPORATION ANNUAL REPORT
[RCW 24.03A](#) & [RCW 23.95.255](#)

All fields REQUIRED unless otherwise specified

(1) Business Name: _____

(2) UBI No.: _____

(3) EIN: _____ Per the IRS a NonProfit Corporation is required to have an EIN. See the instructions for the IRS website regarding this process.

(4) GROSS REVENUE CERTIFICATION:

Per [RCW 24.03A.960](#) does the Nonprofit certify that its total gross revenue in the most recent fiscal year was less than \$500,000? (Check one) YES NO (If "yes", the filing fee is reduced to \$20)

(5) Has your registered agent changed? (Check one) YES NO If Yes, complete page 3

(6) PRINCIPAL OFFICE: The location where the business's records are kept

<p align="center">Street Address (Must be a physical address; No PO Box or PMB)</p> <p>Address: _____</p> <p>Zip: _____ City: _____</p> <p>State: _____ Country: _____</p>	<p align="center">Mailing Address (optional)</p> <p><input type="checkbox"/> Check if mailing address is the same as street address</p> <p>Address: _____</p> <p>Zip: _____ City: _____</p> <p>State: _____ Country: _____</p>
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Phone: _____ Email: _____

(7) GOVERNOR(s): List at least one, attach additional pages if necessary. A business cannot serve as its own Governor

Name: _____ Name: _____

Name: _____ Name: _____

(8) NATURE OF BUSINESS: Briefly describe the type of business your business conducts in the state of Washington

(9) RENEWAL OF PUBLIC BENEFIT DESIGNATION: [RCW 24.03A.245/250](#)

If the Nonprofit Corporation is currently designated as a Public Benefit Corporation with the Office of the Secretary of State the below questions must be answered.

1. Does the Nonprofit Corporation still meet the requirements to maintain its Public Benefit designation?
 (Check one) YES NO *If "no" is selected the Nonprofit will not maintain the designation of a Public Benefit Corporation*
 - 1a. If "yes", does the Nonprofit Corporation still elect to have the Public Benefit Designation?
 (Check one) YES NO

(10) CHARITABLE NONPROFIT CORPORATION:

Is the Nonprofit Corporation a Charitable Nonprofit as defined by [RCW 24.03A.010\(5\)](#)?

(Check one) YES NO *If “no” continue to section 13.*

(11) REPORTING CHANGES FOR THE CHARITABLE NONPROFIT CORPORATION:

Does the Nonprofit Corporation meet exemptions of reporting as outlined in [RCW 24.03A.075](#)?

(Check one) YES NO *If “no” the reporting questions below are required to be answered*

(12) REPORTING QUESTIONS:

If submitting the Annual Report for a Foreign Nonprofit Corporation or Foreign Nonprofit Professional Service Corporation only question 2 is required.

1. Has the Nonprofit Corporation filed an Amendment in the last year that changed one or more purposes of the corporation recorded in its initial Articles of Incorporation? (Check one) YES NO

2. Has the Nonprofit Corporation operated a significant program or activity that is different from:

- a. A program or activity that the Nonprofit has previously operated; and
 - b. A program or activity described in the most recent application for recognition of exemption from federal tax income? (Check one) YES NO
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(13) Controlling Interest [RCW 82.45.220](#) Answer all questions below

1. Does this entity own (hold title) real property in Washington, such as land or buildings, including leasehold improvements? YES NO

2. In the past 12 months, has there been a transfer of at least 16 ⅔ percent of the ownership, stock, or other financial interest in the entity? YES NO

2a. If “yes”, in the past 36 months, has there been a transfer of controlling interest (50 percent or greater) of the ownership, stock, or other financial interest in the entity? YES NO

3. If you answered “yes” to question 2a, has the controlling interest transfer return been filed with Department of Revenue? YES NO

For more information on Controlling Interest, contact Department of Revenue by visiting www.dor.wa.gov/REET

(14) POSTAL MAIL OPT-IN: By checking the box the business and Registered Agent will not receive email notifications

The business wants to receive **all** notifications to the Registered Agent by postal mail

(15) 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: _____ Date: _____

Print Name and Title (if applicable): _____

Phone: (optional) _____ Email: (optional) _____

NEW REGISTERED AGENT:

COMMERCIAL REGISTERED AGENT: [RCW 23.95.420](#)

A Commercial Registered Agent is a business or individual that is registered with the Office of the Secretary of State to receive legal documents on behalf of a business. The Commercial Registered Agent's address has been registered with our office.

Is the Registered Agent a Commercial Registered Agent? **(Check one)** Yes No

If Yes, provide the name of the Commercial Registered Agent: _____

The Commercial Registered Agent must sign the consent to serve below.

If No, continue below

NON-COMMERCIAL REGISTERED AGENT

A Non-Commercial Registered Agent is an individual, business, or an office or position that is not registered as a Commercial Registered Agent.

- If an **individual** is serving as the Registered Agent, only provide the individual's first and last name below.
- If a **business** is serving as the Registered Agent, only provide the name of the business below.
- If an **office** or **position** within the business is serving as the Registered Agent, only provide the position title such as President, Secretary, Treasurer, or Member below.

Registered Agent: _____

Phone: _____	Email: _____
Registered Agent Street Address (required) (Must be a physical address; No PO Box or PMB)	Registered Agent Mailing Address (optional) <input type="checkbox"/> Check if mailing address is the same as street address
Country: <u>United States</u> State: <u>Washington</u>	Country: <u>United States</u> State: <u>Washington</u>
Address : _____	Address : _____
Zip: _____ City: _____	Zip: _____ City: _____

CONSENT TO SERVE AS REGISTERED AGENT - REQUIRED FOR ALL TYPES

I hereby consent to serve as Registered Agent in the State of Washington for the named business. I understand it will be my responsibility to accept service of process, notices, and demands on behalf of the business; to forward mail to the business; and to immediately notify the Office of the Secretary of State if I resign or change the Registered Office Address.

Signature of Registered Agent **Printed Name/Title** **Date**