



WASHINGTON
Secretary of State

Corporations & Charities Division

Contact Information
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www.sos.wa.gov/corps

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

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

This Box For Office Use Only

Initial Registration: \$25 new registration number is issued

To Expedite Filing, Add \$50

CHARITABLE TRUST INITIAL REGISTRATION

All fields required unless otherwise specified

Registration # _____

ORGANIZATION INFORMATION:

(1) Organization Name: *Must match the name provided on the trust instrument*

(2) Is this a Mixed Trust: (Check one) Yes No *a mixed trust is a private and a charitable trust combined*

(3) Federal EIN/Tax ID Number: (Nine digits) _____

(4) ESTABLISHMENT OF TRUST: Make one selection below and complete the information. The Trust Instrument must be attached

Articles of Incorporation & Bylaws (UBI/Jurisdiction Required):

Name of Corporation: _____ Date of Incorporation: _____

UBI #: _____ Jurisdiction: _____ State or Country of formation/incorporation.

Trust Agreement (UBI/Jurisdiction optional):

Trust Agreement: _____ Date of Establishment: _____

Other Governing Documents (UBI/Jurisdiction optional):

Document Type & Name: _____ Date of Establishment: _____

Last Will & Testament (UBI/Jurisdiction optional):

Inter Vivos of: _____ Date of Establishment: _____

Probate Order (UBI/Jurisdiction optional):

Estate of: _____ County Probated: _____

Probate Number: _____ Probate Date: _____

(5) Trust Beneficiary: Name and address of the **Charity(s)** that the trust designates as beneficiary (*optional*)
If necessary attach an additional sheet. Attachment must be clearly labeled "5 - Trust Beneficiary"

Organization Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Organization Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Registration # _____

(6) FEDERAL TAX EXEMPT STATUS:

Does the organization have a Federal Tax Exempt Status: (Check one) Yes No

If Yes, **one** selection **must** be made below. Attach the organization's most recent IRS determination letter.

(Check one) 115(1) 170(c)(1) 501(c) (1-27 only) _____ **Group Exemption** if group exempt see instructions for additional attachments that are required.

If the organization is one of the following , then automatic exemption applies and an IRS Determination letter is not required. **Select exemption reason below.**

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

(7) CHARITABLE PURPOSE OF THE ORGANIZATION:

(8) ORGANIZATION'S CONTACT INFORMATION:

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

Is the mailing or street address located in WA? (Check one) Yes No

If Yes, please provide County: _____

Is the Street Address the same as the Mailing Address? *Only if mailing address is NOT a PO Box or PMB*
(Check one) Yes No

If Mailing address is a PO Box or PMB and there is no physical address, please provide the Zip, City, and State under the Organization Street Address including the county if State is WA.

Organization Mailing Address	Organization Street Address (Must be a physical address; No PO Box or PMB)
Address: _____	Address: _____
Zip: _____ City: _____	Zip: _____ City: _____
State: _____ Country: _____	State: _____ Country: _____

Registration # _____

(9) ORGANIZATION'S FINANCIAL INFORMATION

Did the organization submit a Federal Tax return to the IRS for the fiscal/accounting year reported?

(Check one) Yes No

If Yes, Check the type of tax return filed and complete the financial report below by providing the accounting year and financial information: 990 990EZ 990PF 990N Other **the tax form must be attached**

If No, Provide the First Accounting Year End Date and Beginning Gross Assets then continue to page 4:

First Accounting Year End Date: (mm/dd/yyyy) _____

Beginning Gross Assets: _____

FINANCIAL 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. The organization's form 990 or other tax form **MUST** be enclosed.

Organization's Accounting Year Begin Date

Organization's Accounting Year End Date

(mm/dd/yyyy)

(mm/dd/yyyy)

1. Beginning Gross Assets: \$ _____

2. Total Revenue: \$ _____

3. Grants, Contributions and Program Services: \$ _____

4. Compensation officer/directors/trustees: \$ _____

5. Total Expenses: \$ _____

6. Ending Gross Assets: \$ _____

Registration # _____

(10) OFFICERS, DIRECTORS, TRUSTEES:

Check if address and phone number for the individual(s) listed is the same as the information reported in the Organization's Mailing Address Information on page 2. *If checked, only the individual's name and title must be reported*

Name: _____ Title: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____ Title: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____ Title: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Are additional officers attached? (Check one) Yes No

If Yes, attachment must be clearly labeled "10 - Officers, Directors, Trustees"

(11) ORGANIZATION'S FINANCIAL PREPARER: Required if the Financial Report on page 3 has been completed.

Person or Business that prepares, reviews, or audits financial information, if any, or person or business that completed the financial report.

Check one and complete the corresponding section.

Business - Business's Name: _____

Representative's Name: _____ Title: _____

Address: _____ City: _____ State: _____ Zip: _____

Individual - Name: _____ Title: _____

Address: _____ City: _____ State: _____ Zip: _____

(12) ORGANIZATION'S LEGAL INFORMATION:

Has the organization or any individual in its registration been subject to any legal action in which a judgment or final order was entered within the last 10 years, or action is currently pending?

(Check one) Yes No

If Yes, please complete the below fields and the court documentation for each instance listed **must** be attached.

Court (Jurisdiction): _____ Case Number: _____

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

"Legal Actions" include any administrative or judicial proceedings alleging that the business has failed to comply with these rules, RCW 11.110, or state or Federal laws pertaining to taxation, revenue, or record - keeping, whether such action has been instituted by a public agency or a private person or business.

Registration # _____

TRUST DIRECTORY (Optional)

Only complete this page if the organization chooses to be included in the Washington Charitable Trust Directory

Type of organization (please select one): Grantmaker Grantseeker Both Grantmaker/Grantseeker

Contact person name: _____

Phone number: _____

PURPOSE CODES: *Please note that Purpose Codes are adopted from the National Taxonomy of Exempt Organizations (NTEE).

Check up to **three (3)** of the following Purpose Codes to describe the organization's activities:

- | | | |
|---|--|---|
| <input type="checkbox"/> Arts, culture, humanities | <input type="checkbox"/> Employment/jobs | <input type="checkbox"/> Community improvement/
development |
| <input type="checkbox"/> Educational institutions & related
activities | <input type="checkbox"/> Food, nutrition, agriculture | <input type="checkbox"/> Philanthropy & volunteerism |
| <input type="checkbox"/> Environmental quality, protection | <input type="checkbox"/> Housing/shelter | <input type="checkbox"/> Science |
| <input type="checkbox"/> Animal-related activities | <input type="checkbox"/> Public safety/disaster
preparedness & relief | <input type="checkbox"/> Social sciences |
| <input type="checkbox"/> Health - general & rehabilitative | <input type="checkbox"/> Recreation, leisure, sports,
athletics | <input type="checkbox"/> Public affairs/society benefit |
| <input type="checkbox"/> Mental health, crisis intervention | <input type="checkbox"/> Youth development | <input type="checkbox"/> Religion/spiritual development |
| <input type="checkbox"/> Disease/disorder/medical disciplines
(multipurpose) | <input type="checkbox"/> Human service - other
multipurpose | <input type="checkbox"/> Mutual membership benefit
organizations |
| <input type="checkbox"/> Medical research | <input type="checkbox"/> International | <input type="checkbox"/> Unknown, unclassifiable |
| <input type="checkbox"/> Public Protection: crime/courts/
legal services | <input type="checkbox"/> Civil rights/civil liberties | |
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BELOW FOR GRANTMAKERS ONLY

Does the organization accept unsolicited applications? (Check one) Yes No

Grants are made to: (Check all that apply) 501 (c)(3) organizations Other organizations Individuals

Average grant size: (Check one) \$5000 or below \$5,001 - \$10,000 \$10,001 - \$25,000 \$25,001 - \$50,000
 \$50,001 or above

Geographic service area (Check all that apply) Washington State Pacific Northwest United States

Local (describe) _____

Other (describe) _____

Suggested initial approach for grant seekers: (Check all that apply) Letter Request information packet

Telephone call Do not call

Email _____

Other _____
