

Corporations & Charities Division

Physical/Overnight address:

801 Capitol Way S
Olympia, WA 98501-1226

Mailing address:

PO Box 40234
Olympia, WA 98504-0234
Tel: 360.725.0377

www.sos.wa.gov/corporations

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

Purpose: An Application for Status as a Public Benefit can be used by a Nonprofit Corporation or Nonprofit Professional Service Corporation to record its 501(c)(3) status with the State of Washington. Businesses that are not required to apply for but are qualified for the federal tax-exempt status can use this form to apply the Public Benefit designation per RCW 24.03A.245. 501c3 status is a federal tax-exempt status determined by the IRS through an application process. After this submission is successfully filed, the business entity will be flagged as a Public Benefit which is publicly viewable.

<u>General Instructions</u>: 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/corporations

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

<u>Payment</u>: 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* \$100 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.

For a rapid response to questions, requests for assistance, or to provide feedback, please visit the Corporations and Charities website at www.sos.wa.gov/corporations to chat with a representative.

Overnight address by commercial carrier: 801 Capitol Way S Olympia, WA 98501-1226

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☐ Filing Fee \$20 ☐ To Expedite Filing, Add \$100 THIS BOX FOR OFFICE USE ONLY

APPLICATION FOR STATUS AS A PUBLIC BENEFIT

Nonprofit Corporation

Nonprofit Professional Service Corporation

<u>RCW 24.03A.245</u>		
All fields are REQUIRED unless otherwise specified		
(1) UBI No.:		
(2) NAME OF NONPROFIT CORPORATION	N: (as currently recorded with the Office	e 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, the words "Public Benefit" will be affixed to the end of the current business name on record.		
(4) BASIS FOR PUBLIC BENEFIT DESIGNA	ATION:	
Check ONE of the following basis: If applicable select a secondary basis.		
☐ The Nonprofit Corporation has received from 501(c)(3).	the IRS a letter of determination	of tax exempt status under Section
 □ The Nonprofit Corporation is a business that is Why is the Nonprofit Corporation not required □ Church/Church Affiliated □ Government Entity □ Annual gross receipts normally \$5,000 or least 	d to apply for tax exempt status?	empt status under Section 501(c)(3).
(5) RETURN ADDRESS FOR THIS FILING:	(optional)	
If provided, the confirmation regarding this specification Agent's address.	fic filing will be sent to the addre	ss below, in addition to the Registered
Attention:	Email:	
Address:		
City:	State:	Zip:
(6) AUTHORIZED PERSON: I hereby certify, under penalty of law, tha	t the above information is accu quirements of state law.	rate and complies with the filing
Signature of Authorized Person	Printed Name/Title	Date