



**WASHINGTON**  
**Secretary of State**

**Corporations & Charities Division**

This Box For Office Use Only

**Mailing Address (ALL USPS):** PO Box 40234 Olympia, WA 98504-0234

See website for overnight address by commercial carrier

Tel: 360.725.0377 | Website: [www.sos.wa.gov/corporations-charities](http://www.sos.wa.gov/corporations-charities)

☐ **Initial Registration:** \$25 *new registration number is issued*

☐ **To Expedite Filing, Add \$100**

## CHARITABLE TRUST INITIAL REGISTRATION

**All fields required unless otherwise specified**

### 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: \_\_\_\_\_

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**(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

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**(7) CHARITABLE PURPOSE OF THE ORGANIZATION:**

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**(8) ORGANIZATION'S CONTACT INFORMATION:**

Organization Email: \_\_\_\_\_

Organization Phone Number: \_\_\_\_\_

Organization Website: *(optional)* \_\_\_\_\_

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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**

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

Zip: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Country: \_\_\_\_\_

**Organization Street Address**  
(Must be a physical address; No PO Box or PMB)

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

Zip: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Country: \_\_\_\_\_

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**(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:** \_\_\_\_\_

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**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

\_\_\_\_\_  
(mm/dd/yyyy)

Organization's Accounting Year End Date

\_\_\_\_\_  
(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: \$ \_\_\_\_\_

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**(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"

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**(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: \_\_\_\_\_

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**(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.*

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**(13) 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 Organization's mailing address.

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

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

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

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**(14) SIGNATURE:**

By executing this document, the applicant certifies the following:

- He/she is authorized to represent the above named organization.
- The information contained herein is accurate and true to the best of the applicant's knowledge.

\_\_\_\_\_  
Signature of Applicant                      Printed Name / Title                      Date

Contact phone number \_\_\_\_\_

*Must be signed by the Trustee, if the Trustee is a corporation then the Corporate Officer or Employee responsible for the Trust, or the Legal Business or Individual legally representing the Trust WAC 434-120-310*

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**ALL SUBMISSIONS ARE SUBJECT TO PUBLIC REVIEW**

- **Post mark date is not the received date**
  - **Tax document must be included**
  - Be sure to **sign and date** before placing the form in the mail
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**TRUST DIRECTORY** *(Optional)*

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

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

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Contact person name: \_\_\_\_\_

Phone number: \_\_\_\_\_

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**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**

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

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

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

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Geographic service area **(Check all that apply)** ☐ Washington State ☐ Pacific Northwest ☐ United States  
☐ Local (describe) \_\_\_\_\_

☐ Other (describe) \_\_\_\_\_

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

☐ Telephone call ☐ Do not call

☐ Email \_\_\_\_\_

☐ Other \_\_\_\_\_

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