WASHINGTON
Secretary of State
Corporations & Charities Division

Corporations & Charities Division
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INSTRUCTIONS: ANNUAL REPORT NONPROFIT CORPORATION RCW 24.03A & 23.95.255

Purpose: An Annual Report is used to affirm or update business entity information recorded by the Secretary of State and must be filed yearly to maintain a business' active status. An Annual Report is due by the business entity's expiration date, which is the last day of the month in which the business was first formed/registered with our office; and can be filed up to 180 days before the expiration date.

This document is available for all domestic and foreign nonprofit corporations and nonprofit professional service corporations.

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 by contacting our office, to ensure you have the most recent version of the form or you can file online at https://ccfs.sos.wa.gov

Mail: Send the completed form and payment to the address listed above**. The post mark date is not the received date.**

Email: An email address is required on all documents submitted to this office. Existing email addresses will be used for notifications unless replaced via a filing with this office. Archived emails from previous filings will continue to be used for all notifications.

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 for the Domestic and Foreign Nonprofit Corporation and Nonprofit Professional Service Corporation Annual Report is $60 unless the Nonprofit certifies in section 4 that its gross revenue in the most recent fiscal year was less than $500,000. By selecting "Yes" to the certification the filing fee is reduced to $20.

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) Business Name: Provide the name as recorded with the Office of the Secretary of State of Washington.
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) Employer Identification Number (EIN): Provide the EIN assigned to the business from the IRS. If you need to apply for an EIN see the IRS website at: https://www.irs.gov/businesses/small-businesses-self-employed/how-to-apply-for-an-ein

(3) Gross Revenue: Select "Yes" if the Nonprofit Corporation certifies that its gross revenue was less than $500,000 in the most recent fiscal year. If "Yes" the filing fee is reduced to $20, if "No" the default filing of $60 applies.

(4) Registered Agent: If the Registered Agent or the Registered Agent address has changed, indicate by selecting "Yes" and provide new Registered Agent information.

NEW Registered Agent: All businesses must have a Registered Agent in Washington State per RCW 23.95.415. The Consent of the Registered Agent **must** be signed, regardless of the type of Registered Agent. Print the name and title of the person signing and provide the date of signature.

- **Commercial Registered Agent** is a business or individual registered with the Office of the Secretary of State, whose nature of business it is to receive legal documents, notices, or demands required or permitted by law to be served on behalf of the business. The Commercial Registered Agent has a verified address on record with the Office of the Secretary of State.

- Select “Yes” or “No.”
    - If “Yes,” provide the name of the Commercial Registered Agent. An address is not required.
    - If “No,” continue to Noncommercial Registered Agent.

- **Noncommercial Registered Agent** is a business or individual who agrees to receive legal documents, notices, or demands required or permitted by law to be served on behalf of the business.
    - Identify the Registered Agent.
        - Individual: Write the individual’s first and last name.
        - Business: Write the business’ full name.
        - Office/Position: Write the office or position title held within the business such as President, Secretary, Treasurer, or Member.
    - Provide the required **physical** street address of the Noncommercial Registered Agent. You may also provide the mailing address if needed. Addresses **must** be in Washington State.
    - Provide a contact phone number and email address. This information will be used if there are any questions regarding the submission.

(5) Principal Office: Provide the principal office address. This is the place where the business’ records are kept. This address must be a physical address. A PO Box or PMB will not be accepted. The address does not need to be in Washington State. Provide the business phone number and email address.

(6) Governors: List the current individuals/businesses responsible for governing the business. Attach additional pages if necessary. A business cannot serve as its own governor. A governor is commonly a business/individual who has the authority to make decisions on behalf of the business.

(7) Nature of Business: Enter a brief description of the type of business the business conducts in Washington State.

(8) Renewal of Public Benefit Designation: This section does not apply to a Foreign Nonprofit Corporation. If the Domestic Nonprofit Corporation is currently designated as a Public Benefit Corporation with the Office of the Secretary of State, the questions in this section must be answered.

- If the Nonprofit Corporation still meets the requirements to maintain its Public Benefit designation indicate by selecting “Yes” to question 1.

- If “Yes” to 1 and the Nonprofit Corporation chooses to maintain its Public Benefit designation indicate so by selecting “Yes” to 1a.
    - If “No” to either question the designation of Public Benefit will be removed from the Nonprofit Corporation. If the term Public Benefit is part of the business’ name, the Nonprofit Corporation will need to remove ‘Public Benefit’ by submitting an amendment with the Annual Report.

(9) Charitable Nonprofit Corporation: Review RCW 24.03A.010(6) to determine if the business is a Charitable Nonprofit Corporation. Select “Yes” or “No” upon determination

If within the Nonprofit’s Purpose in its Articles or within its Nature of Business the term “charitable”, language indicating a “charitable purpose”; the Nonprofit is a Religious Corporation; or that the Nonprofit is eligible for tax-exempt status under section 501(C)(3) of the Internal Revenue Code, then Yes is required in this section.

(10) Reporting Changes for the Charitable Nonprofit Corporation: If the business selected “Yes” to being a Charitable Nonprofit Corporation, indicate by checking “Yes” or “No” if the Nonprofit Corporation meets the exemptions of reporting under RCW 24.03A.075. If “No” the questions from section 11 must be completed.

Exemption reasons as outlined in RCW 24.03A.075(3)

- The business was a religious corporation both before and after it took the actions outlined below in section 11.

- The business is within its first three years of existence and all programs or activities it operates are consistent with the purposes set forth in the business’ articles of incorporation.

- If the business operates a program activity described in question 2 in section 11 below and all funds are derived from the sources outlined in RCW 24.03.075(3)(c)(i-v).

(11) Reporting Questions: If submitting the Annual Report for a Domestic Charitable Nonprofit Corporation or Domestic Charitable Nonprofit Professional Service Corporation both number 1 and 2 must be answered. If submitting the Annual Report for a Foreign Charitable Nonprofit Corporation or Foreign Charitable Nonprofit Professional Service Corporation only number 2 must be answered.

1. Indicate by checking "Yes" or "No" if the business has filed an Amendment in the last year that changed one or more purposes of the corporation recorded in its initial Articles of Incorporation.
2. Indicate by checking "Yes" or "No" if the business operated a significant program or activity that is different from:
    a. A program or activity that the business has previously operated; and
    b. A program or activity described in the most recent application for recognition of exemption from federal tax income.

(12) Controlling Interest: Select "Yes" or "No" to the Real Estate Excise Tax questions that meet the business' recordings. If you answered "Yes" to questions 1 AND 2a, you **must** report a Controlling Interest Transfer Return per RCW 82.45.220. Indicate by checking "Yes" or "No" in question 3 if this has been filed with the Department of Revenue. For more information on Controlling Interest, contact the Department of Revenue by visiting www.dor.wa.gov/REET

(13) 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.

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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

THIS BOX FOR OFFICE USE ONLY

Select only ONE filing fee option

☐ **Filing Fee $60 - Default**

☐ **Reduced Filing Fee $20 -** ***By selecting this box, the Nonprofit Corporation voluntarily certifies that its total gross revenue in the most recent fiscal year was less than $500,000.***

☐ **To Expedite Filing, Add $100**

NONPROFIT CORPORATION ANNUAL REPORT
RCW 24.03A & RCW 23.95.255

All fields REQUIRED unless otherwise specified

(1) Business Name: _____ **UBI No.:** _____

(2) EIN: _____ Per the IRS a Nonprofit Corporation is required to have an Employer Identification Number or Tax ID Number. See the instructions for the IRS website.

(3) GROSS REVENUE VOLUNTARY CERTIFICATION:

Per RCW 24.03A.960 does the Nonprofit voluntarily 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)

(4) Has your registered agent or their contact details changed? (Check one) ☐ **Yes** ☐ **No** **If Yes, complete page 3**

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

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

Address: _____

_____

Zip: _____ City: _____

State: _____ Country: _____

Mailing Address ***(optional)***

☐ **Check if mailing address is the same as street address**

Address: _____

_____

Zip: _____ City: _____

State: _____ Country: _____

Email ***(required)*****:** _____

Phone ***(optional)*****:** _____

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

Name: _____ **Name:** _____

Name: _____ **Name:** _____

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

_____

(8) RENEWAL OF PUBLIC BENEFIT DESIGNATION: RCW 24.03A.245/250 Does not apply to a Foreign Nonprofit

If the Domestic Nonprofit Corporation is **CURRENTLY** designated as a Public Benefit Corporation, due to having submitted a separate registration with the Office of the Secretary of State, the below questions must be answered.

1. Does the Domestic 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**

(9) CHARITABLE NONPROFIT CORPORATION: If within the Nonprofit's Purpose in its Articles or within its Nature of business the terms "charitable"; or language indicating a "charitable purpose"; the Nonprofit is a Religious Corporation; or that the Nonprofit is eligible for tax-exempt status under section 501(C)(3) of the Internal Revenue Code, then Yes is required below.

Is the Nonprofit Corporation a Charitable Nonprofit as defined by RCW 24.03A.010(6)?

(Check one) ☐ **Yes** ☐ **No** ***If "no" continue to section 12.***

(10) REPORTING CHANGES FOR THE CHARITABLE NONPROFIT CORPORATION:

Does the Nonprofit Corporation meet exemptions of reporting? **(Check one)** ☐ **Yes** ☐ **No** ***If "no" the reporting questions in section 11 must be answered***

Exemption reasons as outlined in RCW 24.03A.075(3)

- The business was a religious corporation both before and after it took the actions outlined below in section 11.
- The business is within its first three years of existence and all programs or activities it operates are consistent with the purposes set forth in the business' articles of incorporation.
- If the business operates a program activity described in question 2 in section 11 below and all funds are derived from the sources outlined in RCW 24.03.075(3)(c)(i-v).

(11) 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**

(12) 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 1 AND 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

(13) 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**

NEW REGISTERED AGENT: Required ONLY if question 4 was marked Yes

A **Registered Agent** is an agent of a business which is authorized to receive service of any process, notices, or demands required or permitted by law to be served on the business including hand delivered service of process.

All businesses must have a Registered Agent in Washington State per RCW 23.95.415

Provide the name of the *Commercial Registered Agent* **OR** *Non-Commercial Registered Agent***.** The appointed agent must sign the **Consent to Serve** statement below.

COMMERCIAL REGISTERED AGENT

A *Commercial Registered Agent* is a business or individual that is registered specifically as a Commercial Agent with the Office of the Secretary of State to receive legal documents on behalf of a corporation. A Commercial Registered Agent address has been registered with this office in advance and does not need to provide it with this submission.

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

NON-COMMERCIAL REGISTERED AGENT

A *Non-Commercial Registered Agent* is a person, business, or office or position title appointed to serve as the registered agent for a business. A street address located in Washington State and an email address are required; a phone number and separate Washington State mailing address are optional.

If multiple types are listed the first type will be entered by this office

- **Type 1:** If an **individual** is serving as the Registered Agent, only provide the individual's first and last name below.
- **Type 2:** If a **business** is serving as the Registered Agent, only provide the name of the business below.
- **Type 3:** 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: _____

Email *(required)*: _____

Phone: (*optional)* _____

Street Address: (*required*) **Must be a physical address; No PO Box or PMB**	**Mailing Address** (*optional*) ☐ **Check if mailing address is the same as street address**
Country: **United States** **State**: **Washington**	**Country**: **United States** **State**: **Washington**
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**