



## **INSTRUCTIONS: ANNUAL REPORT NONPROFIT CORPORATION RCW 24.03A & 23.95.255**

**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 for download at [www.sos.wa.gov/corps](http://www.sos.wa.gov/corps)

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

**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* \$50 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.

**(2) 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.

**(3) 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>

**(4) 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.

**(5) Registered Agent:** If the Registered Agent 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](http://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.

**(6) 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.

**(7) 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.

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

**(9) Renewal of Public Benefit Designation:** If the 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.

**(10) Charitable Nonprofit Corporation:** Review [RCW 24.03A.010\(5\)](#) to determine if the business is a Charitable Nonprofit Corporation. Select "Yes" or "No" upon determination

**(11) 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 12 must be completed.

**(12) 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.

**(13) 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](http://www.dor.wa.gov/REET)

**(14) Postal Mail Opt-In:** Check this box if the business wants to receive notifications by postal mail. If checked future notifications will be sent by postal mail to the Registered Agent's address.

**(15) Authorized Person:** Sign, print, provide the signer's title, and date the document.

If you have questions, need assistance, or would like to provide feedback, please visit the Corporations Division website at [sos.wa.gov/corps](http://sos.wa.gov/corps) email [corps@sos.wa.gov](mailto:corps@sos.wa.gov) or call 360-725-0377.



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

**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"><b>Street Address</b> (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"><b>Mailing Address (optional)</b></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

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**(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.*

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**(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*

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**(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](http://www.dor.wa.gov/REET)*

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**(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

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**(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) \_\_\_\_\_

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**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: _____
<b>Registered Agent Street Address (required)</b> (Must be a physical address; No PO Box or PMB)	<b>Registered Agent Mailing Address (optional)</b> <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**