



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

Mail: Send the completed form and payment to the address listed above. **The post mark date is not the received date.** If the annual report is received in our office past the expiration date, a delinquency fee of \$25 is due for all business types except Nonprofits.

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 determined by the business' gross revenue from its most recent fiscal year.

- If the gross revenue is less than \$500,000 the filing fee is \$20.
- If the gross revenue meets or exceeds \$500,000 the filing fee is \$60.

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) and Federal Employer Identification Number (FEIN): 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. Provide the FEIN assigned to the business from the IRS.

(3) 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](#). 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.

(4) Gross Revenue: Select “Yes” if the Nonprofit Corporation’s gross revenue met or exceeded \$500,000 in the most recent fiscal year. Select “No” if the Nonprofit Corporation’s gross revenue was less than \$500,000 in the most recent fiscal year. The gross revenue will dictate the filing fees that are due.

(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: Indicate by checking “Yes” or “No” if the Nonprofit Corporation is currently designated as a Public Benefit Corporation.

- If “Yes”, indicate if the Nonprofit Corporation still meets the requirements to maintain its Public Benefit designation.
 - If “Yes”, indicate if the Nonprofit Corporation still elects to have the Public Benefit Designation apply.
- 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\(5\)](#) to determine if the business is a Charitable Nonprofit Corporation. Select “Yes” or “No” upon determination

(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.

(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) 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.

(14) 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 email 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

- ☒ Filing Fee \$20 - Gross Revenue less than \$500,000
☐ Filing Fee \$60 - Gross Revenue meets or exceeds \$500,000
☐ 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:** Tacoma Urban Performing Arts Center, T.U.P.A.C.

(2) **UBI No.:** 604102829 **FEIN:** 820972418

(3) **Has your registered agent changed? (Check one)** ☐ YES ☒ NO If Yes, complete page 3

(4) GROSS REVENUE:

Did the Nonprofit Corporation's gross revenue meet or exceed \$500,000 in the most recent fiscal year?

(Check one) ☐ YES ☒ NO

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

Street Address

(Must be a physical address; No PO Box or PMB)

Address: 1105 Martin Luther King Jr. Way

Zip: 98405 **City:** Tacoma

State: WA **Country:** USA

Mailing Address (optional)

☐ Check if mailing address is the same as street address

Address: PO Box 5602

Zip: 98415 **City:** Tacoma

State: WA **Country:** USA

Phone: 253-327-1873

Email: kethridge@tacomaupac.org

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

Name: Melvin Rouse

Name: Kate Dorr

Name: Alecia Cunningham

Name: Travis Pope

(7) Nature of Business: Briefly describe the type of business your business conducts in the state of Washington
Provide ballet and related arts to marginalized children in Tacoma

(8) RENEWAL OF PUBLIC BENEFIT DESIGNATION: RCW 24.03A.245/250

1. Is the Nonprofit Corporation currently designated as a Public Benefit Corporation with the Office of the Secretary of State? (Check one) ☒ YES ☐ NO

2. If "yes", 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

2a. If "yes", does the Nonprofit Corporation still elect to have the Public Benefit Designation?

(Check one) ☒ YES ☐ NO

(9) CHARITABLE NONPROFIT CORPORATION:

Is the Nonprofit Corporation a Charitable Nonprofit as defined by RCW 24.03A.010(5)? (Check one) ☒ YES ☐ NO

(10) 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

(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 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) 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

(14) 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: 02/10/2022

Print Name and Title (if applicable): Executive Director

Phone: (optional) _____ Email: (optional) _____

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: L. Calyn Miller

Phone: 2535659424

Email: calyn@lcmillercpa.com

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

Registered Agent Mailing Address (optional)
☐ Check if mailing address is the same as street address

Country: United States State: Washington

Country: United States State: Washington

Address : 4007 Bridgeport Way W

Address : PO Box 65230

Zip: 98466 City: University Place

Zip: 98464 City: University Place

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.

L. Calyn Miller
Signature of Registered Agent

L. Calyn Miller
Printed Name/Title

3/14/2022
Date