

STATE of WASHINGTON



SECRETARY of STATE

Charitable Trust Program • 801 Capitol Way S • PO Box 40234 • Olympia, WA 98504-0234  
 Phone: 360-753-0863 • Fax: 360-664-4250 • E-mail: [charities@secstate.wa.gov](mailto:charities@secstate.wa.gov)

## CHARITABLE TRUST RENEWAL FORM

FEE: \$25

Make fees payable to "State of Washington"

Due Date: May 15, 2006

Utilika Foundation  
 WRF Venture Center  
 2815 Eastlake Avenue East, Ste. 300  
 SEATTLE, WA 98102

Check here to request **EXPEDITED MAIL SERVICE** (optional). If checked, please enclose an additional \$20 fee.

**IMPORTANT NOTE: Submissions received (not Postmarked) after the due date shown above will be assessed a \$50 late fee. Please allow 7-10 days for postal delivery & receipt validation.**

Please complete entire form or write "n/a" if not applicable. Incomplete forms will not be accepted. All documents must be typewritten or printed legibly in ink. **Do Not** staple or bind form or attachments.

## SECTION 1 – ORGANIZATION INFORMATION

Please mark changes, if any, to the information below:

<b>Organization's Full Legal Name:</b> Utilika Foundation			
<b>Mailing Address:</b> Utilika Foundation WRF Venture Center 2815 Eastlake Avenue East, Ste. 300 SEATTLE, WA 98102		<b>Street Address (if different than mailing):</b> WRF VENTURE CENTER 2815 EASTLAKE AVENUE EAST, STE. 300 SEATTLE WA 98102	
<b>Telephone Number:</b> (206)336-5566	<b>Extension:</b>	<b>Fax Number:</b> <del>(206)336-4160</del>	
<b>Email Address:</b> info@utilika.org		<b>County:</b>	KING
<b>Web Address:</b> http://utilika.org			
<b>Federal Tax Exempt Status:</b>		501(c) (4)	<b>Federal EIN Number:</b> 20-1097721
<b>Organization Type:</b> Corporation		<b>Date Incorporated or Established:</b> 05/03/2004	
<b>Corporation Name, Trust Agreement/Intervivos or Estate of:</b> Utilika Foundation			
<b>UBI Number (Unified Business Identifier):</b> 602-392-004		<b>Date Incorporated or Established:</b> 05/03/2004	
<b>Type of Document Establishing Trust:</b> Articles of Incorporation and Bylaws			
<b>Officer, Director, or Trustee:</b> (Please designate one person for contact information purposes)			
<b>Name:</b> Jonathan Pool		<b>Telephone Number:</b> (206)336-5566	
<b>Trust Purpose Code(s) and Description:</b> <i>Purpose codes, which are adopted from the National Taxonomy of Exempt Organizations (NTEE), are available in Section 4.</i>			
International Science Social sciences			
To advance the philosophy, science, and technology of collaboration and communication among diverse human and artificial agents.			

**SECTION 2 – FINANCIAL INFORMATION****Please complete the following questions and provide the appropriate attachments:**

Did/will the organization submit a Federal tax return to the Internal Revenue Service for its previous fiscal/accounting year? (check one)

 Yes - Please check type of tax return:  IRS Form 990  IRS Form 990 PF  IRS Form 990EZ  
(Note: You will not need to complete the Financial Report if Yes is indicated.) No - Please proceed to Financial Report and complete line items 1 – 6 (Required).**REQUIRED ATTACHMENT**If the organization has/will file an IRS Form 990, 990PF or 990EZ for its most recent fiscal/accounting year end...a complete copy of the tax return **MUST** be provided with this renewal form. Be sure to include Schedule A and all attachments except contributor lists/Schedule B. Do not attach the organization's financial statement, audit, bank statement, or annual report.**NOTE: DO NOT** submit the Charitable Trust Renewal Form or filing fee without the 990/990PF or 990EZ. Organizations that do not file a federal return must complete the "Financial Report" section, lines 1-6.**FINANCIAL REPORT****Please complete line items 1 – 6:**

Fiscal/accounting year beginning: (Mo/Day/Year)	Fiscal/accounting year ending: (Mo/Day/Year)
1. Beginning assets:	\$
2. Total revenue:	\$
3. Grants, contributions, program services:	+ \$
4. Compensation of officers, directors, trustees, etc.:	+ \$
5. Total expenses (add lines 3, 4 and all other expenses):	= \$
6. Ending assets:	\$


Summarize the organization's program service expenditures for the fiscal/accounting year reported. (Attach an additional sheet if needed):

**CHARITABLE TRUST DIRECTORY PARTICIPATION**

Some organizations registered pursuant to the Charitable Trust Act, RCW 11.110 elect to have information about their grant-making requirements and activities published in the Washington State Charitable Trust Directory. The directory is a state publication that is produced on a biennial basis (odd years). Participation is optional. Please indicate your participation preference below:

Check one:  Yes, the organization wishes to be included in the Washington State Charitable Trust Directory. Complete and return Section 4.  
 No. We do not wish to be included at this time.**SECTION 3 – SIGNATURE (REQUIRED)**

By signing this form, the submitter certifies: (a) he/she is authorized to represent the above-named charitable trust; and (b) the information contained in the form and the attachments are accurate and true to the best of the submitter's knowledge.


Jonathan Pool
President
29 Aug. 2006

Signature Printed Name Title Date

(206) 336-5566  
 Telephone Number

**NOTE:** Expedited Mail Service is available for registration documents requiring 48-hour turnaround. To utilize Expedited Mail Service, please enclose \$20 per registration document (in addition to regular fees), check (✓) the box on page one of this document, and write the word "EXPEDITE" in bold letters on the outside of the envelope. Your request will be processed and mailed within **TWO** business days of receipt by the Charities Program.