

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

CHARITABLE TRUST RENEWAL FORM

FEE: \$25

Make payable to "State of Washington"

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

Due Date:
May 16, 2005

See Note in Section 2 for extension information

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. Please do not staple form or attachments.

SECTION 1 – ORGANIZATION INFORMATION

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

Organization's Full Legal Name: Utilika Foundation			
Mailing Address: Utilika Foundation WRF Venture Center 2815 Eastlake Avenue East, Ste. 300 SEATTLE, WA 98102		Street Address (if different than mailing): WRF VENTURE CENTER 2815 EASTLAKE AVENUE EAST, STE. 300 SEATTLE, WA 98102	
Telephone Number: (206)336-5566	Extension:	Fax Number: (206)350-4168	
Email Address: info@utilika.org		County: KING	
Web Address: http://utilika.org			
Federal Tax Exempt Status:	501(e)	Federal EIN Number:	20-1097721
Organization Type: Corporation		Date Incorporated or Established:	05/03/2004
Corporation Name, Trust Agreement/Intervivos or Estate of: Utilika Foundation			
UBI Number (Unified Business Identifier): 602-392-004		Date Incorporated or Established:	05/03/2004
Type of Document Establishing Trust: Articles of Incorporation and Bylaws			
Officer, Director, or Trustee: (Please designate one person for contact information purposes)			
Name: Jonathan Pool		Telephone Number: (206) 336-5566	
Trust Purpose Code(s) and Description: Purpose codes, which are adopted from the National Taxonomy of Exempt Organizations (NTEE), are available in Section 4.			
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)			
<input checked="" type="checkbox"/> Yes - Please check type of tax return: <input checked="" type="checkbox"/> IRS Form 990 <input type="checkbox"/> IRS Form 990 PF <input type="checkbox"/> IRS Form 990EZ			
<input type="checkbox"/> No - Please proceed to Financial Report and complete line items 1 - 6.			

REQUIRED ATTACHMENT

If the organization has/will file an IRS Form 990, 990PF or 990EZ for its most recently ended fiscal/accounting year... 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: If the organization's tax return for its most recently ended fiscal/accounting year has not yet been completed, please contact our office prior to the due date for instructions on obtaining an extension and **DO NOT** submit the Charitable Trust Renewal Form or filing fee.

FINANCIAL REPORT (REQUIRED)

Please complete line items 1 – 6:

Fiscal/accounting year beginning: (Mo/Day/Year)	Fiscal/accounting year ending: (Mo/Day/Year)
May / 1 / 2004	December / 31 / 2004
1. Beginning assets:	\$ 0.00
2. Total revenue:	\$ 2155460.82
3. Grants, contributions, program services:	+ \$ 11325.94
4. Compensation of officers, directors, trustees, etc.:	+ \$ 20.00
5. Total expenses (add lines 3, 4 and all other expenses):	= \$ 12614.93
6. Ending assets:	\$ 2143973.70

Summarize the organization's program service expenditures for the fiscal/accounting year reported. (Attach an additional sheet if needed): office rent, staff training, consulting, grants, publications, computing, dues, etc.


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.


 Signature _____ Printed Name Jonathan Pool Title President Date 10 May 2005
(206) 336-5566
 Telephone Number _____

NOTE: Expedited Mail Service is available for registration documents requiring 24-hour turnaround. To utilize Expedited Mail Service, please enclose \$20 per registration document (in addition to regular fees) and write the word "EXPEDITE" in bold letters on the outside of the envelope and on the document. Your request will be processed and mailed within ONE business day of receipt by the Charities Program.

SECTION 4 – CHARITABLE TRUST DIRECTORY INFORMATION (OPTIONAL)

The information provided in the Charitable Trust Renewal Form and any attachments will be published in the Charitable Trust Directory. To ensure accurate information is provided to the public, please complete and return the following:

Type of organization (check one): Grantmaker Grantseeker Both Grantmaker and Grantseeker