



WASHINGTON
Secretary of State
Corporations & Charities Division

Contact Information
Tel: 360.725.0377
www.sos.wa.gov/corps

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:** CARNAHAN CREST OWNERS ASSOCIATION

(2) **UBI No.:** 601 251 072

(3) **EIN:** 91-2023692

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

Street Address

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

Address: 1800 S VIEWCREST LN

Zip: 99212-3216 **City:** SPOKANE VALLEY

State: WA **Country:** USA

Mailing Address (optional)

☒ Check if mailing address is the same as street address

Address: _____

Zip: _____ **City:** _____

State: _____ **Country:** _____

Phone: 206-434-9155

Email: GARY.TEALE@COMCAST.NET

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

Name: THOMAS HIX

Name: GARY TEALE

Name: TED CLARK

Name: _____

(8) **NATURE OF BUSINESS:** Briefly describe the type of business your business conducts in the state of Washington
HOMEOWNERS ASSOCIATION

(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

(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.

(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

(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

(13) Controlling Interest [RCW 82.45.220](#) Answer all questions below

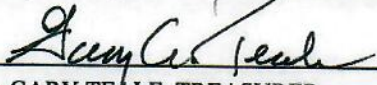
1. Does this entity own (hold title) real property in Washington, such as land or buildings, including leasehold improvements? ☐ YES ☒ NO
2. In the past 12 months, has there been a transfer of at least 16 2/3 percent of the ownership, stock, or other financial interest in the entity? ☐ YES ☒ NO
 - 2a. 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

(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

(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: 01-12-2023

Print Name and Title (if applicable): GARY TEALE, TREASURER

Phone: (optional) 206-434-9155

Email: (optional) GARY.TEALE@COMCAST.NET
