



Office of the Secretary of State
Corporations & Charities Division

Mailing Address: Po Box 40234 • Olympia, WA 98504 - 0234

Phone: 360 - 725 - 0378 • Web Address: www.sos.wa.gov/corps

- Expedited Services \$50
- Initial \$60
- Re-Registration \$60 plus late fee(s)
- \$50 late fee per year \$ _____

This Box For Office Use Only

CHARITABLE ORGANIZATION REGISTRATION

All fields required unless otherwise specified **RCW 19.09**

ORGANIZATION INFORMATION	Registration # <u>2003905</u>
Organization Name: <u>USS TURNER JOY REUNION GROUP</u>	
Also known as (Names): <u>TJRG-USS TURNER JOY CREWMEMBER'S ASSOCIATION</u>	
Federal EIN/Tax ID Number: (Nine digits) <u>83-2432462</u>	
Is this charitable organization associated with a WA State Corporation or LLC, including Nonprofit (Check one) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If No, Continue to next question	
If Yes, UBI is required UBI Number: _____	
Is this charitable organization associated with a Foreign Corporation or LLC, including Nonprofit (Outside of WA State) (Check one) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If No, Continue to next section	
If Yes, only the Jurisdiction is required below, UBI above is optional.	
Jurisdiction: _____ State/Country incorporated in. Org Name must match the name associated to the UBI #	
Federal Tax Exempt Status: (Check one) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, IRS Determination letter must be attached. If organization is one of the following: Church/Church Affiliated, Government Entity, or Annual gross receipts under \$5,000, then automatic exemption applies and an IRS Determination letter is not required.	
(Check one) <input type="checkbox"/> 115(1) <input type="checkbox"/> 170(c)(1) <input type="checkbox"/> 501(c) 7 <input checked="" type="checkbox"/> (1-27 if not using fillable form): <u>page 4</u>	
<input checked="" type="checkbox"/> Group Exemption (if group exempt a copy of the central organization's IRS determination letter and a letter from the central organization confirming its relationship with your organization must be submitted)	
<input type="checkbox"/> Church/Church Affiliated <input type="checkbox"/> Government Entity <input type="checkbox"/> Annual gross receipts normally \$5,000 or less	

PURPOSE/MISSION OF THE ORGANIZATION

To assist former shipmates who have served aboard the USS Turner Joy (DD-951), to meet and communicate with each other, to encourage the exchange of information about historical events and share shipmate actions that made those historical events part of American history. Enhancing shipmate's understanding of those American historical events, which we wish to preserve and record an accurate history of the USS Turner Joy (DD-951) for future generations.

ORGANIZATION'S CONTACT INFORMATION

Organization Email: jimc951@hotmail.com Organization Phone Number: (775)887-0147
Organization Website: (optional) www.ussturnerjoy.com

Is the Street and Mailing Address the same? (Only if mailing address is **NOT** a PO Box or PMB)
(Check one) Yes No
If Yes, and mailing address is in WA state then **County** is required in the street address box.
If no, then please provide at the minimum the City, State and Zip in the street address box. If state is WA then the **County** is required.

Organization Mailing Address:	Organization Street Address:
Country: <u>United States of America</u>	Country: _____
Address 1: <u>1330 Thompson Street</u>	Address 1: _____
Address 2: _____	Address 2: _____
Zip: <u>89703-0605</u>	Zip: _____
City: <u>Carson City</u>	City: _____
State: <u>Nevada</u>	State: _____ County: _____

Does the organization use any other addresses for Solicitation? (Check one) Yes No
If Yes, a list of other address(s) used **must** be enclosed.
Other addresses include if the organization, or a commercial fundraiser operating on its behalf, use any other mailing, street, electronic or internet address(s) to conduct solicitations in Washington State.

ORGANIZATION'S FINANCIAL INFORMATION

Has the Organization completed a full accounting year? Yes No

(An "accounting year" is twelve consecutive months in duration; it generally begins on the first day of a month and ends on the last day of a month.) If Yes is checked please continue below. If No is checked please provide the First Accounting Year End Date.

First Accounting Year End Date: _____

SOLICITATION REPORT FOR PRECEDING, COMPLETED ACCOUNTING YEAR

ALL below financial fields must be completed, enter zero if the organization does not have any financial information to report for a specific section. **Do Not** enclose a copy of the organization's 990 form. Actual gross figures are required; rounded to the nearest dollar; net figures or estimates will not be accepted.

Organization's Accounting Year Beginning Date <u>01/01/2020</u>	Organization's Accounting Year Ending Date <u>12/31/2020</u>
Beginning Gross Assets: \$ <u>19,112</u>	Ending Gross Assets: \$ <u>20,809</u>
Revenue: Gross Contributions from Solicitations: \$ <u>2,180</u>	Expenses: Gross Expenditures from Program Services: \$ <u>5,404</u>
Gross Revenue from all other sources: \$ <u>4,921</u>	Total Gross from All Expenditures: (cannot be less than Expenditures from Program Services) \$ <u>5,404</u>
Total Dollar Value of Gross Receipts: (please add figures from Revenue and Gross Revenue and provide total below) \$ <u>7,101</u>	

Solicitation comments: TJRG members asked to voluntarily submit 501(c)7 non tax deductible donations after RCW 19.09.100 review. Occasionally unsolicited outside donations are received within RCW 19.09.100 guidelines and normally come from those Service Memebers whose lives were saved in the Vietnam War by the combat actions of the USS Turner Joy (DD-951). These unsolicited voluntary donations are reported to the TJRG membership in newsletters and to the IRS in the FORM 990 EZ annually.

ORGANIZATION'S FINANCIAL INFORMATION
CONTINUED FROM PAGE 3

Did the Organization solicit or collect contributions in WA during the accounting year reported?
(Check one) Yes No If Yes, indicate the types of solicitations conducted.

(Check all that apply)

- Advertisement/Coupon Books Direct Mail Email Entertainment/Special Events Internet
- Newspaper/Magazine/Publication Personal Contact Product Sale Telephone TV/Radio
- Vehicle/Boat Donations

Is the Organization registered to fundraise outside of WA? (Check one) Yes No

If Yes, please list all states.

Alabama, Alaska, Arizona, Arkansas California, Colorado, Connecticut, Delaware, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, (see added page

THREE, CURRENT OFFICERS/EMPLOYEES RECEIVING THE GREATEST COMPENSATION

Does the organization pay any of its officer(s) or employee(s)? (Check one) Yes No

If Yes, this section must be completed.

First Name: _____ Last Name: _____

First Name: _____ Last Name: _____

First Name: _____ Last Name: _____

CURRENT PERSON(S) ACCEPTING RESPONSIBILITY FOR THE ORGANIZATION

Check if address and phone number for the individual(s) listed is the same as the information reported in the Organization's Mailing Address Information section. (If checked, only the individual's name and title must be reported)

First Name: LCDR Jim Last Name: Chester USN (Ret)

Title: President-Treasurer Phone: 775-887-0147

Address 1330 Thompson Street City Carson City State NV Zip 89703-0605

First Name: William C. "Tod" Last Name: Hale

Title: Alternate President Phone: 541-840-0492

Address 765 Pittview Avenue City Central Point State OR Zip 97502

Attach an additional sheet if necessary

ORGANIZATION'S FINANCIAL PREPARER

PERSON OR ORGANIZATION THAT PREPARES, REVIEWS, OR AUDITS FINANCIAL INFORMATION, IF ANY, OR PERSON OR ENTITY THAT COMPLETED THE SOLICITATION REPORT

If the Solicitation Report for the preceding, completed accounting year has been filled out on page 3 the below information must be provided.

Please check one: Organization (section 1) Individual (section 2)

(Section 1) Organization

Organization Name: _____

Representative's First and Last Name: _____ Title: _____

Address _____ City _____ State _____ Zip _____

(Section 2) Individual

Name: CAPT F Mike Stockreiter USNR (Ret) Title: Fin Rev- Auditor

Address 3031 Applegate Lane City Glenview State IL Zip 60025

ORGANIZATION'S LEGAL INFORMATION

Has the charitable organization or any individual in its registration been subject to any legal action in which a judgment or final order was entered, or action is currently pending? (Check one) Yes No If Yes, please complete below and enclose documentation with the registration.

Court (Jurisdiction): _____ Case Number: _____

Title of Legal Action: _____ Date of Legal Action: _____

COMMERCIAL FUNDRAISERS

Does the Organization use one or more Commercial Fundraisers to solicit contributions in WA?

(Check one) Yes No If Yes, please complete the fields below for each contracted and sub-contracted commercial fundraiser. If necessary, attach an additional sheet.

Name of Company: _____ Fundraiser Registration Number: _____

Address _____ City _____ State _____ Zip _____

Phone: _____

Registration # 2003905

FILING CORRESPONDENCE ADDRESS

This address will be sent document(s) regarding this specific filing in addition to document(s) being sent to the organization's mailing address. (Optional)

Attention to: LCDR Jim Chester USN(Ret)

Email: jimc951@hotmail.com


Address: 1330 Thompson Street

City Carson City State NV Zip 89703-0605

SIGNATURE (Required)

By executing this document, the applicant certifies the following:

- He/she is authorized to represent the above named organization.
- The organization's governing body or committee has reviewed and accepted the financial information provided where applicable.
- The information contained herein is accurate and true to the best of the applicant's knowledge.
- He/she irrevocably appoints the Secretary of State to receive process (notice of lawsuit) in non-criminal cases against the applicant, and under the conditions set out in RCW 19.09.305; and
- Neither the organization nor any of its officers, directors, and principals have been convicted of a crime involving charitable solicitations, nor been subject to a permanent injunction or administrative order under the Washington Consumer Protection Act (Chapter 19.86 RCW) in the past 10 years.

X  Jim Chester 01/19/2021
Signature of Applicant Printed Name / Title Date

Contact phone number (775)887-0147

ALL SUBMISSIONS ARE SUBJECT TO PUBLIC REVIEW

- Make checks payable to: Secretary of State
- Please do not enclose a copy of the IRS Form 990, 990PF, 990EZ or audited financial statements
- Send regular mail to: Secretary of State • Charities Program • PO Box 40234 • Olympia, WA 98504
- Send overnight/express mail to: Secretary of State • Charities Program • 801 Capitol Way S • Olympia, WA 98501