



Filed
 Secretary of State
 State of Washington
 Date Filed: 04/08/2024
 Effective Date: 04/08/2024
 UBI #: 601 150 239

Annual Report

BUSINESS INFORMATION

Business Name:

TRI-CITY UNION GOSPEL MISSION

UBI Number:

601 150 239

Business Type:

WA NONPROFIT CORPORATION

Business Status:

ACTIVE

Principal Office Street Address:

221 S 4TH AVE, PASCO, WA, 99301-5508, UNITED STATES

Principal Office Mailing Address:

PO BOX 1443, PASCO, WA, 99301-1223, UNITED STATES

Expiration Date:

04/30/2025

Jurisdiction:

UNITED STATES, WASHINGTON

Formation/Registration Date:

04/21/1958

Period of Duration:

PERPETUAL

Inactive Date:

Nature of Business:

HOMELESS SHELTER

NONPROFIT 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? - **No**

NONPROFIT CORPORATION'S EIN

Nonprofit EIN: **91-0840528**

REGISTERED AGENT [RCW 23.95.410](#)

**Registered Agent
 Name**

Street Address

Mailing Address

ANDREW PORTER 221 S 4TH AVE, PASCO, WA, 99301-5508, UNITED STATES

PO BOX 1443, PASCO, WA, 99301-0000, UNITED STATES

PRINCIPAL OFFICE

Phone:
5095472112

Email:
ANDREW@TCUGM.ORG

Street Address:
221 S 4TH AVE, PASCO, WA, 99301-5508, USA

Mailing Address:
PO BOX 1443, PASCO, WA, 99301-1223, USA

GOVERNORS

Title	Type	Entity Name	First Name	Last Name
GOVERNOR	INDIVIDUAL		TERRY	BLANKENSHIP
GOVERNOR	INDIVIDUAL		MIKE	RICHARDSON
GOVERNOR	INDIVIDUAL		BRUCE	HARRER
GOVERNOR	INDIVIDUAL		MEL	LACEY
GOVERNOR	INDIVIDUAL		DAVID	LITTLE
GOVERNOR	INDIVIDUAL		SHAWNA	TIETSORT
GOVERNOR	INDIVIDUAL		NICOLE	DAVIS

NATURE OF BUSINESS

- HOMELESS SHELTER

REPORTING CHANGES FOR THE CHARITABLE NONPROFIT CORPORATION

Does the Nonprofit Corporation meet exemptions of reporting as outlined in [RCW 24.03A.075](#)? - No

REPORTING QUESTIONS

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?
- No

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?
- No

CONTROLLING INTEREST

1. Does this entity own (hold title) real property in Washington, such as land or buildings, including leasehold improvements?
- Yes
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?
- No
 - a. 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?
- No

3. If you answered "Yes" to question 2a, has a controlling interest transfer return been filed with the Department of Revenue?
- **No**

You **must** submit a Controlling Interest Transfer Return form if you answered "Yes" to questions 1 **and** 2a.

Failure to report a Controlling Interest Transfer is subject to penalty provisions of [RCW 82.45.220](#).

For more information on **Controlling Interest**, visit www.dor.wa.gov/REET.

RETURN ADDRESS FOR THIS FILING

Attention:

MICHELLE PORTER

Email:

MICHELLEPORTER@TCUGM.ORG

Address:

PO BOX 1443, PASCO, WA, 99301, USA

UPLOAD ADDITIONAL DOCUMENTS

Do you have additional documents to upload? - **No**

EMAIL OPT-IN

By checking this box, I hereby opt into receiving all notifications from the Secretary of State for this entity via email only. I acknowledge that I will no longer receive paper notifications.

AUTHORIZED PERSON

I am an authorized person.

Person Type:

ENTITY

First Name:

MICHELLE

Last Name:

PORTER

Entity Name:

TRI CITY UNION GOSPEL MISSION

Title:

BOOKKEEPER

This document is hereby executed under penalty of law and is to the best of my knowledge, true and correct.