



STATE OF WASHINGTON
SECRETARY OF STATE

Charitable Solicitations

See attached detailed instructions

- Initial or Re-registration Filing Fee \$20.00
- Renewal \$10.00 (use registration number)
- Late Renewal \$60.00 (use registration number)
- Expedited Service - Select and Add \$20.00 -

This Box For Office Use Only

08/17/09 1565697-
001
\$20.00 K #1061
tid: 1749582

Registration Number

CHARITABLE SOLICITATIONS REGISTRATION / RENEWAL FORM

Chapter 19.09 RCW

SECTION 1

LEGAL NAME OF THE CHARITABLE ORGANIZATION:

Riseup Labs

ORGANIZATION NAME(S) USED WHILE SOLICITING CONTRIBUTIONS (AKA's) (if different than above)

MAILING ADDRESS

P.O. Box 4282

STREET ADDRESS

c/o Gibbs Houston Pauw

1000 Second Avenue, Ste #1600

CITY Seattle

CITY Seattle

STATE WA ZIP CODE 98194

STATE WA ZIP CODE 98118

PHONE (206) 297-5902

FAX _____

(WA) COUNTY King

EMAIL collective@riseup.net

WEBSITE _____

www.riseuplabs.org

SECTION 2

ORGANIZATIONAL STRUCTURE: (see instructions)

ORGANIZATION TYPE Nonprofit Corporation

DATE ESTABLISHED/INCORPORATED 09/20/2005

(mm/dd/yyyy)

STATE OF FORMATION WA

UNIFIED BUSINESS IDENTIFIER (UBI) 602-541-034

SECTION 3

FEDERAL TAX INFORMATION: (see instructions)

FEDERAL EIN/TAX ID # 20-4204809

FEDERAL TAX EXEMPT STATUS (check one) YES NO APPLIED GROUP

TYPE OF FEDERAL EXEMPTION 501(c) 3 OR _____

SECTION 4**DESCRIBE THE PURPOSE OF THE ORGANIZATION:** *(if necessary, attach additional sheet)*

Riseup Labs develops free and open source software that promotes online networking and collaboration.

SECTION 5**NEW ENTITIES AND / OR FIRST TIME FILERS ONLY:**

Required information and attachments

1. If federal tax-exempt status was granted, attach a copy of the organization's **IRS Determination Letter**
2. **Specific Beneficiaries** – attach a list of names and addresses of specific named beneficiaries, if any, to whom assets will be distributed in the event of dissolution.
3. **PROJECTED END DATE OF FISCAL / ACCT YEAR** *(mm/dd/yyyy)* _____
(complete only if organization has not completed first fiscal / acct year)
4. **Firefighter, Police or Sheriff Organizations** – attach written authorization, signed by two officials from a bona fide firefighter, police or sheriff's department, if your organization uses "police", "sheriff", "firefighter", "firemen" or a similar name during solicitations.
5. **Veterans Service Organizations** – attach written authorization, signed by the highest ranking official in Washington State of a Federally chartered or nationally recognized military veterans' service organization (as determined by the United States Veterans' Administration), if your organization uses the name of a military veterans' service organization during solicitations.

SECTION 6

(New organizations that have not completed first fiscal / acct year, skip section 6, and proceed to section 7)

FINANCIAL INFORMATION FOR PRECEDING FISCAL / ACCOUNTING (ACCT) YEAR:

WERE CONTRIBUTIONS COLLECTED / SOLICITED IN WA DURING ACCT YEAR? **YES** **NO**

DID THE ORGANIZATION SUBMIT A FEDERAL RETURN FOR THE ACCT YEAR? **YES** **NO**

IF YES, CHECK TYPE FORM 990 FORM 990EZ FORM 990PF

FORM 990-N FORM 1120 OTHER _____

IF NO, CHECK REASON CHURCH / CHURCH AFFILIATED GOVERNMENT

COVERED BY GROUP RETURN ANNUAL GROSS RECEIPTS LESS THAN \$25,000

ORGANIZATION NOT TAX EXEMPT FEDERAL RETURN WILL BE FILED LATER

OTHER _____

Required attachment If filing an IRS Form 990, 990EZ, or 990PF for the preceding acct year you **MUST** attach a copy of the return with this renewal. You **MUST** include all applicable schedules and all attachments except contributor lists/Schedule B. **DO NOT** attach bank statements or annual reports. **DO NOT STAPLE OR BIND** required information and attachments.

Continued on page 3

SECTION 6 (continued)

SOLICITATION REPORT FOR PRECEDING FISCAL / ACCOUNTING (ACCT) YEAR: *(see instructions)*

BEGIN DATE OF PRECEDING FISCAL / ACCT YEAR (mm/dd/yyyy) 01/01/2008

END DATE OF PRECEDING FISCAL / ACCT YEAR (mm/dd/yyyy) 12/31/2008

1. GROSS DOLLAR VALUE OF ALL CONTRIBUTIONS FROM SOLICITATIONS	\$ <u>31,653.00</u>
2. GROSS DOLLAR VALUE OF REVENUE FROM ALL OTHER SOURCES	\$ <u>69,085.00</u>
3. DOLLAR VALUE OF GROSS RECEIPTS	\$ <u>100,823.00</u>
4. GROSS DOLLAR VALUE OF EXPENDITURES FOR PROGRAM SERVICES	\$ <u>39,136.00</u>
5. GROSS DOLLAR VALUE OF EXPENDITURES FOR ADMIN AND FUNDRAISING	\$ <u>2,265.00</u>
6. GROSS DOLLAR VALUE OF PROGRAM SERVICES, ADMINISTRATION AND FUNDRAISING EXPENDITURES	\$ <u>41,401.00</u>
7. BEGINNING GROSS ASSETS	\$ <u>566.00</u>
8. ENDING GROSS ASSETS	\$ <u>59,987.00</u>

(OPTIONAL) SOLICITATION COMMENTS *(if necessary, attach additional sheet)*

SECTION 7

FINANCIAL CONTACT PERSON WITH EXPENDITURE AUTHORITY:

NAME Devin Theriot-Orr PHONE (206) 708-8740

ADDRESS 1000 Second Avenue, Suite 1600 EMAIL sunbird@riseup.net

CITY Seattle STATE WA ZIP CODE 98104

SECTION 8

TYPES OF SOLICITATIONS CONDUCTED: *(check all that apply)*

- Direct Mail
 Product Sale
 Door to Door
 Entertainment/Special Events
 Telephone
 Internet
 Car/Boat
 Other _____

SECTION 9

THREE (CURRENT) OFFICERS OR EMPLOYEES RECEIVING GREATEST COMPENSATION:

NAME Elijah Saxon TITLE Treasurer

NAME Daniel Scott TITLE Secretary

NAME Pietro Monteiro TITLE Director

SECTION 10

(CURRENT) OFFICERS OR PERSONS ACCEPTING RESPONSIBILITY FOR THE CHARITABLE ORGANIZATION:

NAME Abraham Flaxman TITLE President

ADDRESS 324 19th Avenue PHONE (412) 726-0401

CITY Seattle STATE WA ZIP CODE 98122

EMAIL abie@riseup.net

NAME Daniel Scott TITLE Secretary

ADDRESS 85 Stanton St., #6-A PHONE (917) 476-6581

CITY New York STATE NY ZIP CODE 10002

EMAIL danscott@riseup.net

(if necessary, attach additional sheet)

SECTION 11

PERSON OR ENTITY THAT PREPARES, REVIEWS, OR AUDITS FINANCIAL INFORMATION:

ENTITY NAME ~~None~~ Riseup Labs Board

NAME Devin Theriot-Orr PHONE 206 708 8740

ADDRESS 1000 Second Ave #1600 EMAIL _____

CITY Seattle STATE WA ZIP CODE 98104

SECTION 12

IS THE ORGANIZATION REGISTERED TO FUNDRAISE OUTSIDE OF WASHINGTON STATE?

(check one) YES NO

If yes, provide the states where the organization has been registered to solicit contributions in the last 3 years.

SECTION 13

HAS THE CHARITABLE ORGANIZATION, OR ANY INDIVIDUAL REQUIRED 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, attach a list of legal actions, including the court or other forum, case number, title of legal action, and date of each action.

SECTION 14

COMMERCIAL FUNDRAISERS:

Does the organization use commercial fundraisers to solicit contributions in the State of Washington?

- YES *(if yes, complete the fields below for each contracted and sub contracted commercial fundraiser)*
- NO

NAME OF COMPANY _____

CONTRACT BEGIN DATE *(mm/dd/yyyy)* _____ END DATE *(mm/dd/yyyy)* _____

CONTACT NAME _____ PHONE _____

ADDRESS _____ EMAIL _____

CITY _____ STATE _____ ZIP CODE _____

Does the commercial fundraiser have authority to expend funds and / or incur obligations on behalf of the charitable organization? YES NO

(if necessary, attach additional sheet)

SECTION 15

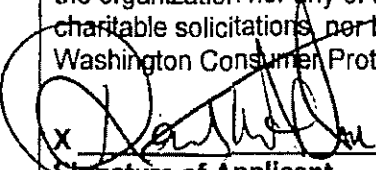
ALTERNATE ADDRESS(S):

If the organization, or a commercial fundraiser operating on its behalf, uses any other mailing, street, electronic or internet address(s) *(excluding those already listed in Section 1)* to conduct solicitations in Washington State, then you **must** attach a list of the other address(s) used.

SECTION 16

SIGNATURE:

By signing this application for Registration / Renewal, the applicant (a) certifies that the information contained in the Registration/Renewal, and its attachments, are accurate and true to the best of the applicants knowledge; (b) 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 (c) certifies that 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.

<input checked="" type="checkbox"/> 	Devin Theriot-Orr / Finance Comm.	10/27/09	(206) 708-8740
Signature of Applicant	Printed Name / Title	Date	Phone

ALL SUBMISSIONS ARE SUBJECT TO PUBLIC REVIEW

