



WASHINGTON
Secretary of State
Corporations & Charities Division

Filed
Secretary of State
State of Washington
Date Filed: 09/29/2023
Effective Date: 09/29/2023
UBI #: 601 341 835

Annual Report

BUSINESS INFORMATION

Business Name:

LOW INCOME HOUSING INSTITUTE (LIHI)

UBI Number:

601 341 835

Business Type:

WA NONPROFIT CORPORATION

Business Status:

ACTIVE

Principal Office Street Address:

1253 S JACKSON ST STE A, SEATTLE, WA, 98144-3075, UNITED STATES

Principal Office Mailing Address:

1253 S JACKSON ST STE A, SEATTLE, WA, 98144-3075, UNITED STATES

Expiration Date:

09/30/2024

Jurisdiction:

UNITED STATES, WASHINGTON

Formation/Registration Date:

09/18/1991

Period of Duration:

PERPETUAL

Inactive Date:

Nature of Business:

DEVELOPS, OWNS AND OPERATES HOUSING FOR THE BENEFIT OF LOW-INCOME, HOMELESS AND FORMERLY HOMELESS PEOPLE IN WASHINGTON STATE; ADVOCATES FOR JUST HOUSING POLICIES AT THE LOCAL AND NATIONAL LEVELS; AND ADMINISTERS A RANGE OF SUPPORTIVE SERVICE PROGRAMS TO ASSIST THOSE WE SERVE IN MAINTAINING STABLE HOUSING AND INCREASING THEIR SELF-SUFFICIENCY.

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: **94-3155150**

REGISTERED AGENT [RCW 23.95.410](#)

Registered Agent Name **Street Address**

**Mailing
Address**

COGENCY GLOBAL 1780 BARNES BLVD SW, TUMWATER, WA, 98512-0410, UNITED
INC. STATES

PRINCIPAL OFFICE

Phone:

Email:

LYNNEB@LIHL.ORG

Street Address:

1253 S JACKSON ST STE A, SEATTLE, WA, 98144-3075, USA

Mailing Address:

1253 S JACKSON ST STE A, SEATTLE, WA, 98144-3075, USA

GOVERNORS

Title	Type	Entity Name	First Name	Last Name
GOVERNOR	INDIVIDUAL		MELINDA	NICHOLS
GOVERNOR	INDIVIDUAL		PEARL	LEUNG
GOVERNOR	INDIVIDUAL		CATHY	DANIGELIS
GOVERNOR	INDIVIDUAL		JOSEPH	ABREU
GOVERNOR	INDIVIDUAL		LINDA	BATTLES
GOVERNOR	INDIVIDUAL		NANCY	BENNETT EVANS
GOVERNOR	INDIVIDUAL		DUNCAN	HAAS
GOVERNOR	INDIVIDUAL		HERMAN	KAHALOA
GOVERNOR	INDIVIDUAL		TOM	MATHEWS
GOVERNOR	INDIVIDUAL		HENRY	MC GEE
GOVERNOR	INDIVIDUAL		BRYAN	PARK
GOVERNOR	INDIVIDUAL		LAWRENCE	WILLIS

NATURE OF BUSINESS

- DEVELOPS, OWNS AND OPERATES HOUSING FOR THE BENEFIT OF LOW-INCOME, HOMELESS AND FORMERLY HOMELESS PEOPLE IN WASHINGTON STATE; ADVOCATES FOR JUST HOUSING POLICIES AT THE LOCAL AND NATIONAL LEVELS; AND ADMINISTERS A RANGE OF SUPPORTIVE SERVICE PROGRAMS TO ASSIST THOSE WE SERVE IN MAINTAINING STABLE HOUSING AND INCREASING THEIR SELF-SUFFICIENCY.

REPORTING CHANGES FOR THE CHARITABLE NONPROFIT CORPORATION

Does the Nonprofit Corporation meet exemptions of reporting as outlined in [RCW 24.03A.075](#)? - Yes

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:

Email:

COMPLIANCETEAM@COGENCYGLOBAL.COM

Address:

194 WASHINGTON AVE, Suite 310, ALBANY, NY, 12210-2317, 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:

INDIVIDUAL

First Name:

LYNNE

Last Name:

BEHAR

Title:

CFO

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