



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

No fee

Expedite fee \$50

This Box For Office Use Only

CHARITABLE ORGANIZATION AMENDMENT

RCW 19.09

Registration Number, Organization Name, and Signature are **required**. If amending any other sections please ensure that the entire section is completed.

ORGANIZATION INFORMATION

Registration Number: _____

Organization Name: _____

Also known as (Names): _____

Federal EIN/Tax ID Number: (Nine digits) _____

If different than what is currently on record a new IRS determination letter **MUST** be attached.

Is this charitable organization associated with a WA State Corporation or LLC, including Nonprofit

(Check one) Yes 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) Yes 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 #**

Has the organization's Federal Tax Exempt Status changed : (Check one) Yes No

If Yes, please select the new status below. A **new** IRS Determination letter must be attached unless a 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) 115(1) 170(c)(1) 501(c) (1-27 if not using fillable form): _____

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)

Church/Church Affiliated Government Entity Annual gross receipts normally \$5,000 or less

Registration Number: _____

PURPOSE/MISSION OF THE ORGANIZATION

ORGANIZATION'S CONTACT INFORMATION

Organization Email: _____	Organization Phone Number: _____
Organization Website: (optional) _____	

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: _____	Country: _____
Address 1: _____	Address 1: _____
Address 2: _____	Address 2: _____
Zip: _____	Zip: _____
City: _____	City: _____
State: _____	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.

Registration Number: _____

ORGANIZATION'S FINANCIAL INFORMATION

Does the organization need to change the First Accounting Year End Date that was reported on the initial Registration form? (Check one) Yes No If no, please continue to the next section.

If yes, please provide the new First Full Accounting Year End Date: _____

Has the organization's accounting year changed? (Check one) Yes No

If Yes, please provide the new accounting year as well as the effective date. Please include a fiscal short report, showing the organization's financial figures from the short year. Figures should show financials from the previous fiscal year ending date to the new fiscal year beginning date. (This is to ensure there are no financial gaps on record).

If No, please do not fill out the below fields and continue to the next page.

New Accounting Year Beginning Date: _____

New Accounting Year Ending Date: _____

Effective date of fiscal year change: _____

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 Former Accounting Year Ending Date _____	Organization's New Accounting Year Beginning Date _____
Beginning Gross Assets: \$ _____	Ending Gross Assets: \$ _____
Revenue: Gross Contributions from Solicitations: \$ _____	Expenses: Gross Expenditures from Program Services: \$ _____
Gross Revenue from all other sources: \$ _____	Total Gross from All Expenditures: (cannot be less than Expenditures from Program Services) \$ _____

Total Dollar Value of Gross Receipts: (please add figures from Revenue and Gross Revenue and provide total below)

\$ _____

Registration Number: _____

ORGANIZATION'S AMENDED FINANCIAL INFORMATION

Does the Organization need to make changes to previous year(s) reported financial figures?

(Check one) Yes No If Yes, please continue below, the financial preparer section on page 6 will also need to be completed. If No, please continue to page 5.

AMENDED 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.

Please provide the fiscal year dates and **all** financial figures from the fiscal year, whether figures are amended or not. If the organization wishes to amend multiple years additional sheets **must** be enclosed. Please make multiple copies of this page or follow the same structure as shown below. This will ensure that no errors are made in amending your financial figures.

Organization's Accounting Year Begin/End Date for financial figures to be amended

Beginning Year Date _____ **Ending Year Date** _____

Beginning Gross Assets:

\$ _____

Ending Gross Assets:

\$ _____

Revenue: Gross Contributions from Solicitations:

\$ _____

Expenses: Gross Expenditures from Program Services:

\$ _____

Gross Revenue from all other sources:

\$ _____

Total Gross from All Expenditures:

(cannot be less than Expenditures from Program Services)

\$ _____

Total Dollar Value of Gross Receipts: (please add figures from Revenue and Gross Revenue and provide total below)

\$ _____

Does the Organization need to make changes to other previous year(s) reported financial figures?

(Check one) Yes No If Yes, please attach additional sheets.

Solicitation Comments:

Registration Number: _____

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.

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: _____ Last Name: _____

Title: _____ Phone: _____

Address _____ City _____ State _____ Zip _____

First Name: _____ Last Name: _____

Title: _____ Phone: _____

Address _____ City _____ State _____ Zip _____

Attach an additional sheet if necessary

Registration Number: _____

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**

(Required if financial information was amended)

If the Accounting year changed and a short year was reported or the Solicitation Report for the preceding, completed accounting year has been filled out on page 4 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: _____ **Title:** _____

Address _____ **City** _____ **State** ____ **Zip** _____

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 Number: _____

FILING CORRESPONDENCE ADDRESS

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

Attention to: _____

Email: _____

Address: _____

City _____ State _____ Zip _____

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 _____

Signature of Applicant

Printed Name / Title

Date

Contact phone number _____

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