



Office of the Secretary of State

Corporations & Charities Division

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

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### CHARITABLE TRUST AMENDMENT RCW 11.110

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

#### ORGANIZATION INFORMATION

Registration # \_\_\_\_\_

Organization Name:  
\_\_\_\_\_

Is this a Mixed Trust: (Check one)  Yes  No (a mixed trust is a private and a charitable trust combined)

Current Establishment of Trust: (Check one below) If changed an Amendment **MUST** be filed first

<input type="checkbox"/> Articles of Incorporation & Bylaws UBI/Jurisdiction Required	<input type="checkbox"/> Trust Agreement UBI Number is optional	<input type="checkbox"/> Last Will & Testament UBI Number is optional	<input type="checkbox"/> Probate Order UBI Number is optional
Name of Corporation: _____ _____ _____	Trust Agreement: _____ _____ _____	Inter Vivos of: _____ _____ _____	Estate of: _____ County Probated: _____ Probated Number: _____ Probated Date: _____
Date of Incorporation: _____	Date of Establishment: _____	Date of Establishment: _____	

Name and address of the charitable organization(s) that the trust designates as beneficiary (Optional) (Attach an addition sheet if needed):  
\_\_\_\_\_

UBI Number: \_\_\_\_\_ Jurisdiction: \_\_\_\_\_ Jurisdiction is the State/Country of  
Incorporation. Organization name must match the name that is associated to the UBI #

Federal EIN/Tax ID Number: (Nine digits) \_\_\_\_\_

Registration # \_\_\_\_\_

**ORGANIZATION INFORMATION**

Continued from page 1

**Has the organization's Federal Tax Exempt Status changed:** (Check one)  Yes  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.

If No, please continue

(Check one)  115(1)  170(c)(1)  501(c) (1-27 if not using fillable form): \_\_\_\_\_

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

Summarize the organization's charitable purpose:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ORGANIZATION'S CONTACT INFORMATION**

Organization Email:

\_\_\_\_\_

Organization Phone Number:

\_\_\_\_\_

Organization Website: (optional)

\_\_\_\_\_

Organization Mailing Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Organization Street Address:

(If no Street Address, please indicate by providing the City, State and Zip. **If in WA state the County is required**)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Check if Street and Mailing Address are the same (Only if mailing address is **NOT** a PO Box or PMB)

Country: \_\_\_\_\_

Address 1: \_\_\_\_\_

\_\_\_\_\_

Address 2: \_\_\_\_\_

\_\_\_\_\_

Zip: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Country: \_\_\_\_\_

Address 1: \_\_\_\_\_

\_\_\_\_\_

Address 2: \_\_\_\_\_

\_\_\_\_\_

Zip: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ County: \_\_\_\_\_

Registration # \_\_\_\_\_

**ORGANIZATION'S FINANCIAL INFORMATION**

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.

**Please check the type of tax return that was filed for the accounting year change:**

990  990EZ  990PF  990N and continue to fill out the financial information below.

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 field. If the organization completed a form 990 it **MUST** be enclosed.

Organization's <b>Former</b> Accounting Year Ending Date _____	Organization's <b>New</b> Accounting Year Beginning Date _____
Beginning Gross Assets: \$ _____	Ending Gross Assets: \$ _____
Total Revenue: \$ _____	Compensation: \$ _____
Grants, Contributions and Program Services: \$ _____	Total Expenses: \$ _____

Registration # \_\_\_\_\_

**ORGANIZATION'S AMENDED FINANCIAL INFORMATION**

**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. An amended form 990 **MUST** be enclosed.

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 Dates for financial figures to be amended

**Beginning Year Date** \_\_\_\_\_ **Ending Year Date** \_\_\_\_\_

Beginning Gross Assets:

\$ \_\_\_\_\_

Ending Gross Assets:

\$ \_\_\_\_\_

Total Revenue:

\$ \_\_\_\_\_

Compensation:

\$ \_\_\_\_\_

Grants, Contributions and Program Services:

\$ \_\_\_\_\_

Total Expenses:

\$ \_\_\_\_\_

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

(Check one)  Yes  No If Yes, please attach additional sheets, ensure that the amended form 990 for each year is also included.

Registration # \_\_\_\_\_

**OFFICERS, DIRECTORS, TRUSTEES**

Check if address and phone number for the individual(s) listed is the same as the information reported in the Organization's Contact 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** \_\_\_\_\_

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

Attach an additional sheet if necessary

**ORGANIZATION'S FINANCIAL PREPARER**

**PERSON OR ORGANIZATION THAT PREPARES, REVIEWS, OR AUDITS FINANCIAL INFORMATION REPORTED (Required if financial information was amended)**

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** \_\_\_\_\_

Registration # \_\_\_\_\_

**ORGANIZATION'S LEGAL INFORMATION**

Has the 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: \_\_\_\_\_

**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:** \_\_\_\_\_

**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 charitable trust.
- The information contained herein is accurate and true to the best of the applicant's knowledge.

**X** \_\_\_\_\_

Signature of Applicant

Printed Name / Title

Date

Contact phone number \_\_\_\_\_

Registration # \_\_\_\_\_

**TRUST DIRECTORY (Optional)**

Complete this section if the organization wishes to be included in the Washington Charitable Trust Directory:  
 Yes  No If yes please check which type  Grantmaker  Grantseeker  Both Grantmaker/Grantseeker

Contact person (if different than trustee):  
\_\_\_\_\_

Phone number:  
\_\_\_\_\_

**PURPOSE CODES:**

Check up to three (3) of the following Purpose Codes to describe the organization's activities:  
Note - Purpose Codes are adopted from the National Taxonomy of Exempt Organizations (NTEE).

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Arts, culture, humanities                           | <input type="checkbox"/> Food, nutrition, agriculture                 | <input type="checkbox"/> Philanthropy & volunteerism             |
| <input type="checkbox"/> Educational institutions & related activities       | <input type="checkbox"/> Housing/shelter                              | <input type="checkbox"/> Science                                 |
| <input type="checkbox"/> Environmental quality, protection                   | <input type="checkbox"/> Public safety/disaster preparedness & relief | <input type="checkbox"/> Social sciences                         |
| <input type="checkbox"/> Animal-related activities                           | <input type="checkbox"/> Recreation, leisure, sports, athletics       | <input type="checkbox"/> Public affairs/society benefit          |
| <input type="checkbox"/> Health - general & rehabilitative                   | <input type="checkbox"/> Youth development                            | <input type="checkbox"/> Religion/spiritual development          |
| <input type="checkbox"/> Mental health, crisis intervention                  | <input type="checkbox"/> Human service - other multipurpose           | <input type="checkbox"/> Mutual membership benefit organizations |
| <input type="checkbox"/> Disease/disorder/medical disciplines (multipurpose) | <input type="checkbox"/> International                                | <input type="checkbox"/> Unknown, unclassifiable                 |
| <input type="checkbox"/> Medical research                                    | <input type="checkbox"/> Civil rights/civil liberties                 |  |
| <input type="checkbox"/> Public Protection: crime/courts/legal services      | <input type="checkbox"/> Community improvement/development            |  |
| <input type="checkbox"/> Employment/jobs                                     |   |  |

**GRANTMAKERS ONLY**

Does the organization accept unsolicited applications? (Check one)  Yes  No

Grants are made to: (Check all that apply)  501 (c)(3) organizations  Other organizations  Individuals

Average grant size: (Check one)  \$5000 or below  \$5,001 - \$10,000  \$10,001 - \$25,000  \$25,001 - \$50,000  \$50,001 or above

Geographic service area (check all that apply)  Washington State  Pacific Northwest  United States

Local (describe) \_\_\_\_\_

Other (describe) \_\_\_\_\_

Suggested initial approach for grant seekers: (Check all that apply)  Letter  Request information packet

Telephone call  Do not call

Email \_\_\_\_\_

Other \_\_\_\_\_