



Office of the Secretary of State
Corporations & Charities Division

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OPTIONAL AMENDMENT

RCW 19.09

All fields required unless otherwise specified

(1) CURRENT ORGANIZATION INFORMATION

Registration Number: _____ FEIN: _____
Organization Name: _____

(2) QUALIFIER FOR OPTIONAL REGISTRATION: *Required only if reason for exemption is changing*

Select the basis for exemption below, **one** option **must** be checked. [WAC 434-120-100](#)

- Church or Integrated Auxiliary Political Organization Raising funds for an individual
- Raising less than \$50,000 a year

Below is required for all exemptions

Is anyone paid to carry out the services of the organization? (Check one) Yes No

All information is true and accurate *By checking this box you are attesting that the statement is true*

(3) CHANGES TO THE ORGANIZATION INFORMATION

List changes that have occurred to the organization, including any name changes.

Changes to the Organization *Attach additional pages if needed:* _____

(4A/B/C) ORGANIZATION'S ACCOUNTING AND FINANCIAL FIGURE INFORMATION

4. A 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 4.B

If Yes, 4.A will need to be completed on page 2, be sure to continue below to 4.B and 4.C

4. B Has the organization's accounting year changed? **(Check one)** Yes No **If No**, continue to 4.C

If Yes, 4.B will need to be completed on Page 2, the organization's short report is required when changing the accounting year.

4. C Does the organization need to amend any previously recorded financial figures? **(Check one)** Yes No

If Yes, 4.C will need to be completed on Page 3

Registration Number: _____

4.A/B Continued

4. A Continued: If Yes was checked on page 1 for question 3.A please provide the new Accounting year end date.

First Full Accounting Year End Date: _____ (mm/dd/yyyy)

If No, continue to 4.B below

4. B Continued **NEW ACCOUNTING YEAR FOR THE ORGANIZATION**

If changing the accounting year, please provide the new accounting year as well as the effective date of change. Include a fiscal short report, showing the organization's financial information from the short accounting year. Financial information should show figures from the previous accounting year end date to the new accounting year begin date. This is to ensure there are no financial gaps on record.

If no change, **do not** complete the below fields and continue to the next page.

New Accounting Year Beginning Date: _____ (mm/dd/yyyy)

New Accounting Year Ending Date: _____ (mm/dd/yyyy)

Effective date of fiscal year change: _____ (mm/dd/yyyy)

SOLICITATION REPORT FOR THE ORGANIZATION'S SHORT ACCOUNTING YEAR

ALL financial fields must be completed, enter zero if the organization does not have any financial information to report for a specific line. **Do Not** enclose a copy of the organization's IRS Form 990. Gross financial information is required; rounded to the nearest dollar; net figures or estimates will not be accepted.

If you have any questions regarding the short report please contact us at 360-725-0378 or charities@sos.wa.gov

Organization's Short Report **Beginning** Date

Organization's Short Report **Ending** Date

(mm/dd/yyyy)

(mm/dd/yyyy)

1. Beginning Gross Assets: \$ _____

2. Revenue: Gross Contributions from Solicitations: \$ _____

3. Gross Revenue from all other sources: \$ _____

4. Total Dollar Value of Gross Receipts (sum of line 2 and 3): \$ _____

5. Expenses - Gross Expenditures to Program Services: \$ _____

6. Total Gross from All Expenditures (cannot be less than line 5): \$ _____

7. Ending Gross Assets: \$ _____

Registration Number: _____

4.C Continued

AMENDED FINANCIAL INFORMATION FOR ORGANIZATION

Provide the fiscal year dates and **all** financial figures from the fiscal year, whether the information is 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 when amending your financial figures.

ALL financial fields must be completed, enter zero if the organization does not have any financial information to report for a specific line. **Do Not** enclose a copy of the organization's IRS Form 990. Gross financial information is required; rounded to the nearest dollar; net figures or estimates will not be accepted.

AMENDED ACCOUNTING YEAR

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

Beginning Year Date _____ Ending Year Date _____
(mm/dd/yyyy) (mm/dd/yyyy)

-
1. Beginning Gross Assets: \$ _____
 2. Revenue: Gross Contributions from Solicitations: \$ _____
 3. Gross Revenue from all other sources: \$ _____
 4. Total Dollar Value of Gross Receipts *(sum of line 2 and 3)*: \$ _____
 5. Expenses - Gross Expenditures to Program Services: \$ _____
 6. Total Gross from All Expenditures *(cannot be less than line 5)*: \$ _____
 7. Ending Gross Assets: \$ _____

Does the Organization need to make changes to another previous year's reported financial information?

(Check one) Yes No If Yes, attach additional pages in the same format as above.

Registration Number: _____

(5) ORGANIZATION'S FINANCIAL PREPARER: Required if the Solicitation Report on page 2 or 3 has been completed.

Person or Business that prepares, reviews, or audits financial information, if any, or Person or Business that completed the Solicitation Report.

Check one and fill out the corresponding section below.

Business - Business's Name: _____

Representative's Name: _____ Title: _____

Address _____ City _____ State _____ Zip _____

Individual - Name: _____ Title: _____

Address _____ City _____ State _____ Zip _____

(6) RETURN ADDRESS FOR FILING *(optional)*

If provided, the confirmation regarding this specific filing will be sent to the address below, in addition to the Organization's mailing address.

Attention to: _____ **Email:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

(7) SIGNATURE

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.

Signature of Applicant

Printed Name / Title

Date

Contact phone number: _____

ALL SUBMISSIONS ARE SUBJECT TO PUBLIC REVIEW

- Make checks payable to: Secretary of State
- **Do not** submit a copy of the IRS Form 990, 990PF, 990EZ or audited financial statements
- Be sure to sign and date before placing the form in the mail