

Physical/Overnight address:

801 Capitol Way S
Olympia, WA 98501-1226

Mailing address:

PO Box 40234
Olympia, WA 98504-0234
Tel: 360.725.0377
sos.wa.gov/corps

INSTRUCTIONS: OPTIONAL AMENDMENT

General Instructions: Use dark ink only. Complete the entire form and enter all requested information in the fields provided. At our website www.sos.wa.gov/charities a fillable .pdf version of this form is available or you can file online at www.ccfs.sos.wa.gov

Mail: Send completed form and payment to the address listed above.

Payment: Make checks or money orders payable to "Secretary of State." Checks cannot be back dated more than 60 days from the date the check is received.

Fees: There is not a filing fee for an Optional Amendment.

Expedited Service: If expedited service is requested, an *additional* \$50 must be added to the filing fee. Check the box indicating expedited service on page one.

Purpose: An Optional Amendment form can be used to report changes to the organization's information that has previously been filed with the Charities Program. **Do not** submit the Amendment form in lieu of a registration / renewal form.

ALL FILING FEES ARE NON-REFUNDABLE. ALL DOCUMENTS ARE PUBLIC RECORD

(1) Current Organization's information: Provide the organization's registration number, FEIN, and Name as currently recorded with the Office of the Secretary of State Corporations and Charities Division. This information can be obtained by conducting an online search at <https://www.sos.wa.gov/charities/>.

(2) Qualifier for Optional Registration: This section is only required if there is a change in the organization's basis for exemption. Reference [WAC 434-120-100](http://wac.wa.gov/434-120-100) regarding the organizations that are exempt from registration.

(3) Changes to the Organization information: Describe the organization's non-financial information that needs to be updated. Examples below are possible changes and what those changes require.

- **Organization name:** Provide the organization's new name. If the organization has a UBI# on record with the Charities Program and the UBI# is connected to a Nonprofit Corporation the name of the Charitable Organization must match the Nonprofit Corporation name. You may list the non-matching name as an AKA (also known as) name, if you wish to file an Amendment with the Corporations division, the form can be found at <https://www.sos.wa.gov/assets/corps/forms/nonprofitamd2010v2.pdf>
- **FEIN (Federal Employer Identification Number):** Provide the new FEIN, if the FEIN is changed and the organization has a federal tax-exempt status provide the new IRS Determination Letter if available. If submitted the IRS Determination Letter will need to show the organization's new FEIN.
- **Federal Tax-Exempt Status:** Provide the new status for the organization. If available submit the new IRS determination letter with the Amendment form that shows the tax-exempt status. If submitted the FEIN and Name need to match what is currently recorded with our office.

- If **Group Exemption** is selected a copy of the central organization's (*parent organization*) IRS determination letter with a letter from the central organization confirming its relationship with the registering organization is required.
- If **Church/Church Affiliated, Government Entity, or Annual gross receipts normally \$5,000 or less** is selected then automatic exemption applies and an IRS determination letter is not required.
- **Persons accepting responsibility:** Indicate if you are adding or removing the individual. Then if adding a person – please list the first, last name, and title along with the address, and phone number, for each new individual added. If removing a person – please list the first and last name for each individual to be removed.
- **Organization Mailing/Street address:** Provide the new address and label as either the mailing or street address. Indicate if the mailing and street address are the same. **If the street address is in WA State, the County is required.** *The street address cannot be a PO Box. If there is no street address, provide the city, state, and zip.*
- **Organization's Legal Information:** If adding legal information please ensure to include the Court (Jurisdiction), Case #, Title of legal action, and Date of legal action. The court documentation will need to be submitted with the Amendment form. *"Legal Actions" include any administrative or judicial proceedings alleging that the entity has failed to comply with these rules, RCW 19.09, or state or Federal laws pertaining to taxation, revenue, charitable solicitation, or record-keeping, whether such action has been instituted by a public agency or a private person or entity.*

(4 A/B/C) Organization's Accounting and Financial Figure Information:

- **4. A:** If the organization has changed the accounting year end date that was originally reported on the initial registration select "Yes" and complete section 4.A on page 2. If the organization has **not** changed the accounting year end date, select "No" and continue to question 4.B.
- **4. B:** If the organization has changed its accounting year, select "Yes" and complete section 4.B on page 2. If the organization has **not** changed its accounting year, select "No" and continue to question 4.C.
- **4. C:** If the organization needs to correct its financial information that has been previously filed select "Yes" and complete page 3. If the organization does **not** need to correct previous financial information, select "No" and continue.

(4 A/B) Continued:

- **4. A:** Provide the new First Accounting Year End date if "Yes" was selected on page 1.
- **4. B:** Complete this section if "Yes" was selected on page 1. All parts of this section will need to be completed. Provide the organization's new accounting year and the organization's short report in the Solicitation Report section. Examples for the short report dates are shown below.
 - **Example 1:** *If the organization's accounting year was 1.1 to 12.31 and is changing to 7.1 to 6.30 then the Short Report should be 1.1 to 6.30*
 - **Example 2:** *If the organization's accounting year was 7.1 to 6.30 and is changing to 1.1 to 12.31 the Short Report should be 7.1 to 12.31*
 - **Example 3:** *If the organization's accounting year was 1.1 to 12.31 and is changing to 10.1 to 9.30 the Short Report should be 1.1 to 9.30*

(4 C) Continued:

- **4. C:** If "Yes" was selected on page 1 the organization will need to provide the amended fiscal year financial information. Provide the accounting year in a mm/dd/yyyy – mm/dd/yyyy format. All line items in the amended solicitation report must

be completed. If there is no financial information to report for a specific line write "0" or a line through that field. If any financial fields are left blank, the submission will be returned. The organization may amend multiple years in one amendment, provide additional pages in the same format as provided on the form.

(5) Organization's Financial Preparer: If the organization completed either 4A/B/C the financial preparer is required. **Only one section may be selected and completed.**

- **Business:** Only one section may be selected and completed.
- **Individual:** Select if an Individual prepared the organization's financials and provide the person's full name, title, and address.

(6) Return Address for this filing: If provided, the confirmation regarding this specific filing will be sent to this address, in addition to the organization's mailing address.

(7) Signature: The signature, printed name and title, the signature date, and a contact number are required. The form may be signed by the organization's President, Treasurer or a comparable officer. In the absence of officers, a person responsible for the organization may sign.

If you have questions, need assistance, or would like to provide feedback, please visit the Charities Division website at www.sos.wa.gov/charities email charities@sos.wa.gov or call 360-725-0378.



Office of the Secretary of State
Corporations & Charities Division

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This Box For Office Use Only

- ☐ No Filing Fee
☐ To Expedite Filing, Add \$50

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