

INSTRUCTIONS – AMENDMENT (COMMERCIAL FUNDRAISER)

IMPORTANT NOTE: This form should only be used to report changes to registration or financial information that has already been filed with the Charities Program or final financial information upon termination of fundraising activities in WA State.

Do not submit the Amendment form in lieu of a registration / renewal form.

General Instructions: Please access this form online, enter the requested information in the fields provided, print the completed form and mail it to the Charities Program with the appropriate filing fee. Complete the entire form or type “N/A” if not applicable and check boxes where indicated. Incomplete forms will not be accepted. Do not staple or bind form or its attachments. **Please clearly label all attachments with the Section number to which they correspond.** Unless otherwise specified, all questions should be answered in the present tense, with current information.

Page 1: Check the box indicating the reason(s) for submission (e.g. change of registration or financial information, final report upon termination of fundraising activities in WA). Enter the organization’s registration number on the line provided on page 1 and the line located in the upper left corner of page 2. Your registration number can be obtained by conducting an online search at <http://www.sos.wa.gov/charities/search.aspx>

Check the Expedited Service box to request priority processing within two working days of receipt or as soon thereafter as possible; a \$50 fee applies.

Section 1: Enter the full, legal name of the organization on the line provided. If reporting a name change, provide the organization’s former name on the line indicated.

Section 2: Describe the registration information being changed on the lines provided. Report in Section 2 non-financial changes to the organization’s registration information (e.g. organization name, mailing address, street address telephone number, etc.). Enclose supporting documentation if applicable. Do not staple or bind enclosures.

Section 3: Describe the financial information being changed on the lines provided or, if submitting a “Final Report”, check the “Yes” box.

Section 4 – SOLICITATION REPORT:

Enter the full begin and end dates of the accounting year being reported on the lines provided (partial dates will not be accepted). **Complete lines 1 and 2, regardless of whether or not the commercial fundraiser has custody of the funds raised.** Actual, gross figures are required; net figures or estimates will not be accepted. Do not leave any lines blank – enter zero if the organization does not have any financial information to report for a specific line item.

If the organization’s accounting year has changed, please contact the Charities Program for additional instructions prior to submitting this form.

1. Enter the total dollar value of contributions received, either by the commercial fundraiser or the charitable organizations with which it contracts, as a result of the services provided. This is the total amount of actual money raised (gross receipts), regardless of who has possession of the funds, and should include contributions received by any affiliates of, or entities retained by, the commercial fundraiser (e.g. subcontractors).

2. Enter the total dollar amount of funds, either retained by or returned to, the charitable organizations for which services were provided. This is the portion of money raised/gross receipts that the charities receive or keep after all fundraising expenses (including fees paid to the commercial fundraiser, its affiliates or subcontractors, if any) have been subtracted (net to charity).

Solicitation Comments: The organization may provide additional information or an explanation regarding the figures reported above by entering “Solicitation Comments” on the lines provided (optional).

Section 5: A signature and date are required. This form may be signed by an Owner or Officer of the commercial fundraiser.

If **Expedited Service** is requested, include an additional \$50.00 and write the word “EXPEDITE” in large, bold letters on the outside of the envelope. Make checks or money orders payable to “Secretary of State.” All fees are non-refundable

Mail completed forms and payment to: Secretary of State, Charities Program PO Box 40234 Olympia, WA 98504-0234
For overnight/express mail carriers use: Secretary of State, Charities Program 801 Capitol Way S Olympia, WA 98504

Please contact the Charities Program at commercialfund@sos.wa.gov or 360-725-0378 if you have any questions or need assistance.