INSTRUCTIONS – OPTIONAL AMENDMENT

IMPORTANT NOTE: *This form should only be used to report changes to the organization information that previously has been filed with the Charities Program*
Do not *submit the Amendment form in lieu of a registration / renewal form.*

General Instructions: Please enter the requested information in the fields provided, print the completed form and mail it to the Charities Program. Complete the entire form and check boxes where indicated. You may type "N/A" if a section is not applicable. 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.

Please check the Expedited Service box to request priority processing within two to three business days of receipt; a **$50** fee applies.

Page 1

Section (1): 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/.

Section (2): Describe the organization's non-financial information that needs to be updated. Examples below are possible changes and what those changes require.

- Organization name: Please list the new name. Please note: 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, or 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): Please list the new FEIN. Please note: if the FEIN is changed a new IRS Determination Letter will need to be submitted with the Amendment form. The new IRS Determination Letter should show the organization's new FEIN.
- Federal Tax Exempt Status: Please list the new status for the organization. A new IRS determination letter will need to be submitted with the Amendment form that shows the new exempt status. The FEIN and Name need to match what is currently recorded with our office.
- 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: Please list the new address and label as either the mailing or street address. Please 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, please 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.*
- Commercial Fundraisers: If adding a Commercial Fundraiser please file a Fundraising Service Contract and include the required filing fee of $20. The Fundraising Service Contract is located at https://www.sos.wa.gov/charities/allforms.aspx. A Commercial Fundraiser cannot be added by filing a Charitable Organization Amendment form.

Instructions continued on page 2

Page 1 continued

Section (3A/B/C):

3. A: If the organization has changed the accounting year end date that was originally reported on the initial registration please check Yes and complete section 3.A on page 2. If the organization has **not** changed the accounting year end date please check No and continue to the next question 3.B.

3. B: If the organization has changed its accounting year, please check Yes and complete section 3.B on page 2. If the organization has **not** changed its accounting year, please check No and continue to the next question 3.C.

3. C: If the organization needs to correct its financial information that has been previously filed please check Yes and complete page 3. If the organization does **not** need to correct previous financial information please check No and continue.

Page 2

3. A: If yes was checked to this question from page 1 please be sure this page is completed in its entirety. Examples for the short report dates are shown below.

(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
(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
(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

Page 3

3. B: If yes was checked to this question from page 1 please be sure this page is completed in its entirety. If you are providing corrections for multiple years please make multiple copies of page 3 or be sure that the additional attached page(s) are labeled as 3.B Amended Financial Information. Be sure that the format is followed as it appears on page 3.

Page 4

Section (4): This section is optional. If the "Return address for filing" is utilized, the person listed will receive correspondence regarding this specific filing at the mailing and/or email address provided. If corrections are needed, the return letter will be sent to this person, instead of the organization's mailing address. This person will also receive a copy of the confirmation letter once the filing is completed. A confirmation letter will also be sent to the organization's mailing address.

Section (5): 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 Expedited Service is requested, include a $50.00 fee and check the expedite services box on page 1. Please write the word "EXPEDITE" in large, bold letters on the outside of the envelope.

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 in our office. All **filing** fees are non-refundable.

Mail completed forms and payment to: Secretary of State, Charities Program, PO Box 40234, Olympia, WA 98504.

If sending overnight: Secretary of State, Charities Program, 801 Capitol Way S Olympia, WA 98504-0234.

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

Office of the Secretary of State
Corporations & Charities Division
(360) 725 - 0378 | www.sos.wa.gov/charities
801 Capitol Way S, Olympia, WA 98504-0234

This Box For Office Use Only

□ No fee

□ Expedite fee $50

OPTIONAL AMENDMENT

RCW 19.09

(1) - CURRENT ORGANIZATION INFORMATION (Required)

Registration Number: _____ **FEIN:** _____

Organization Name: _____

(2) - CHANGES TO THE ORGANIZATION INFORMATION

Please list changes to the organization's information, including any name changes

Please note if any changes are made to the organization's FEIN, Name, or Federal Tax Exempt Status a NEW IRS Determination Letter is required

Changes to the Organization's information: _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

(3A/B/C) - ORGANIZATION'S ACCOUNTING AND FINANCIAL INFORMATION

3. A Does the organization need to change the First Accounting Year End Date reported on the initial Registration form? **(Check one)** ☐ Yes ☐ No **If No**, please continue to 3.B

If Yes, 3.A Will need to be completed on page 2. Please be sure to continue below to 3.B and 3.C

3. B Has the organization's accounting year changed? **(Check one)** ☐ Yes ☐ No **If No**, continue to 3.C

If Yes, 3.B Will need to be completed on Page 2. The organization's short report is required when changing the accounting year.

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

If Yes, 3.C Will need to be completed on Page 3. **If No,** please continue

Registration Number: _____

3.A/B Continued

3. A Continued: **If Yes** was checked for question **3.A** please provide the new Accounting year end date.

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

If No, please continue to **3.B** below

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

If changing the accounting year, please provide the new accounting year and the effective date of change. Please 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, please **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: _____

3.C Continued

AMENDED FINANCIAL INFORMATION FOR ORGANIZATION

Please provide the accounting year dates and **all** financial information from the accounting year reported below, whether the information is amended or not. If the organization wishes to amend multiple years, please make multiple copies of this page or follow the same structure as shown below for all years amending. This will ensure that no errors are made when amending your financial information.

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 information to be amended

Beginning Year Date _____ **(mm/dd/yyyy)** **Ending Year Date** _____ **(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, please attach additional sheets.

Registration Number: _____

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(4) RETURN ADDRESS FOR FILING ***Optional***

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.

Attention to: _____ **Email:** _____

Address: _____

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

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(5) 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
- Regular mail send to: Secretary of State • Charities Program • PO Box 40234 • Olympia, WA 98504
- Overnight/express mail send to: Secretary of State • Charities Program • 801 Capitol Way S • Olympia, WA 98501