

Mailing Address (ALL USPS): PO Box 40234 Olympia, WA 98504-0234

See website for overnight address by commercial carrier

Tel: 360.725.0377 | Website: www.sos.wa.gov/corporations-charities

This Box For Office Use Only

## CHARITABLE ORGANIZATION AND CHARTIABLE OPTIONAL SUPPLEMENTAL AMENDMENT

This is to be used to upload to a Re-Registration if there has been a change in accounting year or if the previous years financial information needs to be amended

All fields REQUIRED unless otherwise spe	ecified	
(1) CURRENT ORGANIZATION INI	FORMATION	
Registration Number:	FEIN:	<del></del>
Organization Name:		
	UNTING AND FINANCIAL FIGURE INFO	RMATION
2. A Does the organization need to char	nge the First Accounting Year End Date that wa	s reported on the initial
Registration form? (Check one) $\square$ Yes	□ No If No, please continue to 2.B	
•	page 2 and included with this page in the uploa	
	year changed? (Check one) □ Yes □ No If	
is required when changing the accounting	<i>.</i>	1
2. C Does the organization need to ame	and any previously recorded financial figures? ( Page 3 and included with this page in the uploa	Check one) □ Yes □ No
(3) SIGNATURE		
By executing this document, the applican	nt certifies the following:	
• He/she is authorized to represent the	above named organization.	
• The organization's governing body of where applicable.	or committee has reviewed and accepted the fina	ancial information provided
• The information contained herein is	accurate and true to the best of the applicant's k	nowledge.
	retary of State to receive process (notice of laws conditions set out in RCW 19.09.305; and	suit) in non-criminal cases
	ts officers, directors, and principals have been c ject to a permanent injunction or administrative 9.86 RCW) in the past 10 years.	
Signature of Applicant	Printed Name / Title	Date
Contact phone number:		

2.A/B Continued			
2. A Continued: If Yes was checked	on page 1 for question	2.A please	e provide the new Accounting year end date.
First Full Accounting Year End Dat	e:		(mm/dd/yyyy)
If No, continue to 2.B below			
2. B Continued NEW A	CCOUNTING YEAR	R FOR TH	IE ORGANIZATION
Include a fiscal short report, showing t	the organization's finar the previous accounting	ncial infor	year as well as the effective date of change. mation from the short accounting year. Financial d date to the new accounting year begin date. This
If no change, <u>DO NOT</u> complete the	below fields and contin	nue to the	next page.
New Accounting Year Beginning Date	e:		(mm/dd/yyyy)
New Accounting Year Ending Date:			
Effective date of fiscal year change:			(mm/dd/yyyy)
Example for New accounting year and			
1) If the short report is 1/1/2022—6/3	30/2022 then the new a	accounting	year would be reflected as 7/1/2022—6/30/2023.
, <b>.</b>		•	rear would be reflected as 1/1/2023—12/31/2023.
			ON'S SHORT ACCOUNTING YEAR
	opy of the organization	s IRS Fo	does not have any financial information to report rm 990. Gross financial information is required; ted.
If you have any questions regarding	g the short report ple	ease conta	ct us at 360-725-0378 or charities@sos.wa.gov
Organization's Short Report <b>B</b>	e <b>ginning</b> Date	(	Organization's Short Report Ending Date
(mm/dd/yyyy)			(mm/dd/yyyy)
1	. Beginning Gross Asse	ets: \$	
2. Revenue: Gross Contrib	outions from Solicitation	ons: \$	· · · · · · · · · · · · · · · · · · ·
3. Gross Reven	ue from all other sourc	ces: \$	
4. Total Dollar Value of Gross R	Receipts (sum of line 2 and	13): \$	
5. Expenses - Gross Expendit	ures to Program Servic	ces: \$	
6. Total Gross from All Expenditur	es (cannot be less than line	e 5): <b>\$</b>	
	7. Ending Gross Asse	ets: \$	

Registration Number:

Registration Number:	
2.C Continued	
AMENDED FINANCIAL INFORMA	ATION FOR ORGANIZATION
Provide the fiscal year dates and <u>all</u> financial figures from the fi	scal year, whether the information is amended or not. If
the organization wishes to amend multiple years, additional sheet	ets <u>must</u> be enclosed. Please make multiple copies of this
page or follow the same structure as shown below. This will ens	ure that no errors are made when amending your
financial figures.	
ALL financial fields must be completed, enter zero if the organi	zation does not have any financial information to report
for a specific line. <b><u>Do</u> <u>Not</u></b> enclose a copy of the organization's l	IRS Form 990. Gross financial information is required;
rounded to the nearest dollar; net figures or estimates will not be	e accepted.
An amended accounting year <u>must</u> be financial information	on that has previously been recorded with our office
AMENDED ACCOU	NTING YEAR
Organization's Accounting Year Begin Date and I	End Date for financial figures to be amended
Reginning Vear Date	Ending Vear Date
Beginning Year Date(mm/dd/yyyy)	
	(mm/dd/yyyy)
1. Beginning Gross Assets:	(mm/dd/yyyy)  \$
2. Revenue: Gross Contributions from Solicitations:	<b>\$</b>
2. Revenue: Gross Contributions from Solicitations:	\$
<ul> <li>2. Revenue: Gross Contributions from Solicitations:</li> <li>3. Gross Revenue from all other sources:</li> <li>4. Total Dollar Value of Gross Receipts (sum of line 2 and 3):</li> </ul>	\$
<ol> <li>Revenue: Gross Contributions from Solicitations:</li> <li>Gross Revenue from all other sources:</li> <li>Total Dollar Value of Gross Receipts (sum of line 2 and 3):</li> <li>Expenses - Gross Expenditures to Program Services:</li> <li>Total Gross from All Expenditures (cannot be less than line 5):</li> </ol>	\$
<ol> <li>Revenue: Gross Contributions from Solicitations:</li> <li>Gross Revenue from all other sources:</li> <li>Total Dollar Value of Gross Receipts (sum of line 2 and 3):</li> <li>Expenses - Gross Expenditures to Program Services:</li> <li>Total Gross from All Expenditures (cannot be less than line 5):</li> </ol>	\$

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