



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

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Tel: 360.725.0377 | Website: [www.sos.wa.gov/corporations-charities](http://www.sos.wa.gov/corporations-charities)

## CHARITABLE TRUST 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 specified**

### (1) CURRENT ORGANIZATION INFORMATION

**Registration Number:** \_\_\_\_\_ **FEIN:** \_\_\_\_\_

**Organization Name:** \_\_\_\_\_

### (2A/B/C) ORGANIZATION'S ACCOUNTING AND FINANCIAL FIGURE INFORMATION

**2. A** Does the organization need to change the First Accounting Year End Date and/or Beginning Gross Asset that were reported on the initial Registration form? **(Check one)** ☐ **Yes** ☐ **No** **If No**, please continue to 2.B

**If Yes**, 2.A will need to be completed on page 2 and included with this page in the upload.

**2. B** Has the organization's accounting year changed? **(Check one)** ☐ **Yes** ☐ **No** **If No**, continue to 2.C

**If Yes**, 2.B will need to be completed on Page 2 and included with this page in the upload, the organization's short report is required when changing the accounting year.

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

**If Yes**, 2.C will need to be completed on Page 3 and included with this page in the upload

### (3) SIGNATURE

By executing this document, the applicant certifies the following:

- He/she is authorized to represent the above named organization.
- The information contained herein is accurate and true to the best of the applicant's knowledge.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed Name / Title

\_\_\_\_\_  
Date

Contact phone number: \_\_\_\_\_

Registration Number: \_\_\_\_\_

**2.A/B Continued**

**2. A Continued:** If Yes was checked on page 1 for question 2.A please provide the new Accounting year end date and/or the beginning gross assets.

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

Beginning Gross Assets: \_\_\_\_\_

**2. 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)

Example for New accounting year and short report:

- 1) If the short report is 1/1/2022—6/30/2022 then the new accounting year would be reflected as 7/1/2022—6/30/2023.
- 2) If the short report is 4/1/2022—12/31/2022 then the new account year would be reflected as 1/1/2023—12/31/2023.

**FINANCIAL 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.

Select the type of tax return that was filed for the amended fiscal year. A copy of the tax form indicated **must** be uploaded with this document. (Check one) ☐ 990 ☐ 990EZ ☐ 990PF ☐ 990N ☐ Other: \_\_\_\_\_

Organization's Short Report **Beginning** Date

\_\_\_\_\_  
(mm/dd/yyyy)

Organization's Short Report **Ending** Date

\_\_\_\_\_  
(mm/dd/yyyy)

1. Beginning Gross Assets: \$ \_\_\_\_\_

2. Total Revenue: \$ \_\_\_\_\_

3. Grants, Contributions and Program Services: \$ \_\_\_\_\_

4. Compensation of officers/directors/trustees: \$ \_\_\_\_\_

5. Total Expenses: \$ \_\_\_\_\_

6. Ending Gross Assets: \$ \_\_\_\_\_

Registration Number: \_\_\_\_\_

**2.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. The organization's 990 or other tax form for the fiscal year being amended **must** be uploaded.

**An amended accounting year must be financial information that has previously been recorded with our office**

**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. Total Revenue: \$ \_\_\_\_\_

3. Grants, Contributions and Program Services: \$ \_\_\_\_\_

4. Compensation of officers/directors/trustees: \$ \_\_\_\_\_

5. Total Expenses: \$ \_\_\_\_\_

6. 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.