



**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](http://www.sos.wa.gov/corporations-charities)

- ☐ No fee
- ☐ Expedite fee \$100

## CHARITABLE TRUST AMENDMENT

### RCW 11.110

#### (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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

#### (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)

**FINANCIAL REPORT FOR THE ORGANIZATION'S SHORT ACCOUNTING YEAR**

**ALL** below financial fields must be completed. Enter zero if the organization does not have any financial information to report for a specific field. The organization's form 990 or other tax form showing the amended fiscal year **MUST** be enclosed.

If you have any questions regarding the short report please contact us at 360-725-0378 or [charities@sos.wa.gov](mailto:charities@sos.wa.gov)

Please check the type of tax return that was filed for the accounting year change, be sure to include a copy of the tax form indicated:

☐ 990   ☐ 990EZ   ☐ 990PF   ☐ 990N   ☐ Other: \_\_\_\_\_

Organization's Short Report **Beginning** Date

Organization's Short Report **Ending** 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: \$ \_\_\_\_\_

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 below financial fields must be completed. Enter zero if the organization does not have any financial information to report for a specific field. The organization’s form 990 or other tax form showing the amended fiscal year MUST be enclosed.

**AMENDED ACCOUNTING YEAR**

**Organization’s Accounting Year Begin Date and End Date for financial information 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: \$ \_\_\_\_\_

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***

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:** \_\_\_\_\_

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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 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 \_\_\_\_\_

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**ALL SUBMISSIONS ARE SUBJECT TO PUBLIC REVIEW**

- Make checks payable to: Secretary of State
  - 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
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