

**DO NOT
STAPLE**



Charities Program • 801 Capitol Way South • PO Box 40234 • Olympia, WA 98504-0234
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Web Address: www.sos.wa.gov/charities

WASHINGTON STATE UNIFIED REGISTRATION STATEMENT ADDENDUM

Check here to request **EXPEDITED MAIL SERVICE** (optional). If checked, please enclose an additional \$20 fee.
Make fees payable to "State of Washington"

Please complete entire form or write "n/a" if not applicable. Incomplete forms will not be accepted.
All documents must be typewritten or printed legibly in ink. **DO NOT staple or bind form or attachments.**

SECTION 1 - ORGANIZATION INFORMATION	
Organization's Full Legal Name:	
WA State Registration Number:	UBI (Unified Business Identifier) Number (if located in WA):
SPECIFIC BENEFICIARIES	
In the event of dissolution, will assets be distributed to a specific beneficiary whom the organization supports? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach a list containing the names and addresses of specific, named beneficiaries.	
SECTION 2 - FINANCIAL, ADMINISTRATIVE & FUNDRAISING INFORMATION	
THE NEXT TWO QUESTIONS PERTAIN TO FINANCIAL INFORMATION PROVIDED IN SOLICITATION REPORT	
Did the organization solicit or collect contributions in Washington during the fiscal/accounting year reported below? (check one) <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please check reason: <input type="checkbox"/> New organization <input type="checkbox"/> No activity in Washington State <input type="checkbox"/> Other: _____ (describe)	
If new organization, please provide the fiscal/accounting year end date of the first year during which solicitations will be conducted in WA and proceed to Three Highest Paid Officers Or Employees Of The Organization section: ____/____/____ (REQUIRED) month day year	
Did/will the organization submit a Federal tax return to the Internal Revenue Service for the fiscal/accounting year reported below? (check one) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, check type of return: <input type="checkbox"/> Form 990 <input type="checkbox"/> Form 990 EZ <input type="checkbox"/> Form 990PF <input type="checkbox"/> 990-T <input type="checkbox"/> 1120 <input type="checkbox"/> Other: _____ (describe)	
If no, check reason: <input type="checkbox"/> Church/church-affiliated <input type="checkbox"/> Government-affiliated <input type="checkbox"/> Covered by group return <input type="checkbox"/> Annual gross receipts less than \$25,000 <input type="checkbox"/> Organization not tax-exempt <input type="checkbox"/> Other (describe): _____	
REQUIRED ATTACHMENT	
If the organization has/will file an IRS Form 990, 990EZ or 990PF with the Internal Revenue Service for the fiscal/accounting year reported below... a complete copy of the tax return MUST be provided with this addendum. Be sure to include Schedule A and all attachments except contributor lists/Schedule B. Do not enclose the organization's bank statements or annual report. DO NOT staple or bind Form 990, 990EZ or 990PF, Schedule A, or their attachments.	
NOTE: If the organization's tax return for the fiscal/accounting year reported below has not yet been completed, please contact our office for instructions. DO NOT submit the URS, URS Addendum or filing fee without a copy of the Form 990, 990EZ or 990PF.	
SOLICITATION REPORT	
Please supply fiscal/accounting beginning/ending dates and complete line items 1 - 8 (REQUIRED) <i>Suggested guidelines for completing the Solicitation Report using the organization's federal tax return can be obtained at http://www.sos.wa.gov/charities/charities_forms.aspx or by contacting the Charities Program directly.</i>	
Fiscal/accounting year begin date: (Mo/Day/Year)	Fiscal/accounting year end date: (Mo/Day/Year)

1. The total gross dollar value of all contributions received from solicitations: "Solicitations" include, but are not limited to, special events, sale of inventory, and amounts collected on behalf of the charitable organization by a commercial fundraiser or commercial coventurer.	\$
2. The total gross dollar value of revenue from all other sources (not the result of a solicitation):	+ \$
3. The total dollar value of gross receipts: "Gross receipts" include, but are not limited to, contributions, gross revenue from special events, sales of inventory, goods or services (including tickets to events), and all other revenue from solicitations, regardless of custody of funds. Amounts collected on behalf of the charitable organization by a commercial fundraiser or commercial coventurer must be included on line 3.	= \$ <i>(line 1 + line 2 = line 3)</i>
4. The total gross dollar value of expenditures used directly for charitable program services: <i>Payments to affiliates may be included if costs involved are not connected with the administrative or fundraising functions of the reporting organization.</i>	\$
5. The total gross dollar value of expenditures used for administrative and fundraising: "Administrative and fund-raising costs" include, but are not limited to, the following expenses if not directly related to program services: salaries, wages, compensation, legal, accounting, occupancy, equipment costs, printing and publications, telephone, postage, supplies, travel, meetings, fees for services, and cost of goods or inventory sold that are not directly related to program services. Amounts paid to or retained by a commercial fundraiser or fundraising counsel must be included on line 5.	+ \$
6. The total dollar value of program service, administrative and fundraising expenditures: Enter on line 6 the sum of the expenditures reported on lines 4 and 5. This includes, but is not limited to, amounts paid to or retained by a commercial fundraiser or fundraising counsel, amounts expended for charitable program services, administrative expenses, fees for services, and fundraising costs incurred by the charitable organization.	= \$ <i>(line 4 + line 5 = line 6)</i>
7. Beginning assets (gross):	\$
8. Ending assets (gross):	\$

CHARITY'S COMMENTS REGARDING SOLICITATION REPORT (OPTIONAL)

Attach additional information or provide an explanation, if any, which the organization believes would be of assistance in understanding the financial information provided in Solicitation Report or IRS tax return, or to provide context for reported information. Be sure to clearly label attachment as "Solicitation Comments".

THREE HIGHEST PAID OFFICERS OR EMPLOYEES OF THE ORGANIZATION

Officer or Employee Name	Title
1.	
2.	
3.	

NOTE: If no one is compensated, write "None". If less than three persons are compensated, write "n/a" on the appropriate row(s).

REQUIRED ATTACHMENTS FOR FIREFIGHTER, POLICE, SHERIFF OR VETERANS' SERVICE ORGANIZATIONS

Attach written authorization, signed by two officials from a bona fide police, sheriff, or fire fighter department, if your organization uses "police," "sheriff," "fire fighter," "firemen" or a similar name during the conduct of solicitations.

Attach written authorization, signed by the highest ranking official in WA State of a Federally chartered or nationally recognized military veterans' service organization (as determined by the United States Veterans' Administration), if your organization uses the name of said military veterans' service organization during the conduct of solicitations.

REQUIRED ATTACHMENTS

Please clearly label the attachments that correspond with the following questions

(A) Does the organization, or a commercial fundraiser operating on its behalf, use any other mailing, street, electronic or Internet addresses (excluding those provided above) to conduct solicitations in Washington State? (check one)

- Yes - Attach a list of other addresses used, including those used by commercial fundraisers, if any.
- No

(B) Is the charitable organization a chapter, subsidiary, branch, affiliate, related foundation or supporting organization of a superior or parent organization? (check one)

- Yes - Attach a list of superior or parent organizations. Include the Federal EIN, mailing address, email address, and web address for each superior/parent listed.
- No

SECTION 3 - SIGNATURE (Required)

By signing this addendum, the applicant: (a) certifies that the information contained in the application and in the attachments are accurate and true to the best of the applicant's knowledge; (b) irrevocably appoints the Secretary of State to receive process (notice of lawsuits) in non-criminal cases against the applicant, and under the conditions set out in RCW 19.09.305; and (c) certifies that neither the organization nor any of its officers, directors, and principals have been convicted of a crime involving charitable solicitations, nor been subject to permanent injunction or administrative order under the Washington Consumer Protection Act (Chapter 19.86 RCW) in the past ten years.

Signature of applicant

Printed name

Title

Date

This form may be signed by the President, Treasurer or a comparable officer or, in the absence of officers, person responsible for the organization.

NOTE: Expedited Mail Service is available for registration documents requiring 48-hour turnaround. To utilize Expedited Mail Service, please enclose **\$20** per registration document (in addition to regular fees), check (√) the box on page one of this document, and write the word **“EXPEDITE”** in large, bold letters on the outside of the envelope. Your request will be processed and mailed within **TWO** business days of receipt by the Charities Program.