



INSTRUCTIONS: REPORT OF MERGER CHARITY/CHARITY OPTIONAL/COMMERCIAL FUNDRAISER/TRUST

Purpose: A report of merger is submitted when two organizations have merged or to merge a duplicate registration.

General Instructions: Use dark ink only. Complete the entire form and enter all requested information in the fields provided. At our website www.sos.wa.gov/charities a fillable .pdf version of this form is available or you can file online at www.cafs.sos.wa.gov

Mail: Send completed form and payment to the address listed above.

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.

Fees: There is not a filing fee for a Report of Merger.

Expedited Service: If expedited service is requested, a \$100 must be added to the filing fee. Check the box indicating expedited service on page one.

ALL FILING FEES ARE NON-REFUNDABLE. ALL DOCUMENTS ARE PUBLIC RECORD

Surviving Organization Information

(1) Organization Name: Provide the surviving organization's name as currently on record with the Office of the Secretary of State

(2) Registration Number and FEIN (Federal Employer Identification Number): Provide the registration number of the surviving organization. Provide the surviving organization's FEIN.

(3) Contact Information: Provide the surviving organization's address, email address, and phone number.

Non-Surviving Organization Information

(4) Organization Name: Provide the non-surviving organization's name as currently on record with the Office of the Secretary of State

(5) Registration Number and FEIN (Federal Employer Identification Number): Provide the registration number of the non-surviving organization. Provide the non-surviving organization's FEIN.

(6) Contact Information: Provide the non-surviving organization's address, email address, and phone number.

(7) Merger Documents: If the report of merger is being submitted for either a Trust or a Commercial Fundraiser the documents that merged the two must be attached. If due to a duplicate submission a statement must be attached stating this fact.

(13) Return Address for this Filing: If provided, the confirmation regarding this specific filing will be sent to this address, in addition to the organization's mailing address.

(15) Signature: The signature, printed name and title, and the signature date are required.

For a rapid response to questions, requests for assistance, or to provide feedback, please visit the Corporations and Charities website at www.sos.wa.gov/corporations-charities to chat with a representative.



WASHINGTON
Secretary of State

Corporations & Charities Division

Contact Information
Tel: 360.725.0377
www.sos.wa.gov/corps

Physical/Overnight address: 801 Capitol Way S Olympia, WA 98501-1226

Mailing Address: PO Box 40234 Olympia, WA 98504-0234

This Box For Office Use Only

To Expedite Filing, Add \$100

REPORT OF MERGER

All fields **REQUIRED** unless otherwise specified

SURVIVING ORGANIZATION INFORMATION:

(1) **Organization Name:** *Must match the name provided on the trust instrument*

(2) **Registration No.:** _____ **Federal EIN/Tax ID Number:** (Nine digits) _____

(3) **Contact Information:**

Address: _____

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

Email: _____ **Phone:** _____

NON - SURVIVING ORGANIZATION INFORMATION:

(4) **Organization Name:** *Must match the name provided on the trust instrument*

(5) **Registration No.:** _____ **Federal EIN/Tax ID Number:** (Nine digits) _____

(6) **Contact information:**

Address: _____

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

Email: _____ **Phone:** _____

(7) **Merger documents:**

- If the Merger is submitted for a Trust or Commercial Fundraiser the merger documents have been enclosed.
- If a duplicate registration is the cause for the merger a statement must be attached stating the error.

(8) **RETURN ADDRESS FOR THIS FILING:** *(optional)*

If provided, the confirmation regarding this specific filing will be sent to the address below, in addition to the Surviving Organization's mailing address.

Attention: _____ **Email:** _____

Address: _____

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

(9) **SIGNATURE:**

By executing this document, the applicant certifies the following:

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

Signature of Applicant Printed Name / Title Date