

FS
53-10

KANSAS SECRETARY OF STATE
Charitable Solicitation Financial Statement

Kansas Secretary of State:

Memorial Hall, 1st Floor (785) 296-4564
120 S.W. 10th Avenue kssos@sos.ks.gov
Topeka, KS 66612-1594 www.sos.ks.gov

THIS SPACE FOR OFFICE USE ONLY.

Instructions: All information must be completed or this document will not be accepted for filing.

Charitable Organization Name:

Charitable ID Number:

Period Covering:

Month	Day	Year

to

Month	Day	Year

Gross contributions:

(Attach a listing of total receipts and income for each separate solicitation project/source) (17-1763(b)(15))

\$ _____

Fundraising expenses: (17-1763(b)(14) & 17-1763(b)(15))

\$ _____

Administrative expenses: (17-1763(b)(15))

\$ _____

Educational/informational program expenses: (17-1763(b)(15))

\$ _____

Charitable distributions in Kansas: (17-1763(b)(15))

\$ _____

Charitable distributions outside of Kansas:

(Attach a listing of non-Kansas recipients of distributions and such recipients' purposes) (17-1763(b)(15))

\$ _____

Non-charitable distributions: (17-1763(b)(15))

\$ _____

Fundraising expenses as a percentage of funds raised (17-1763(b)(14))

_____ %

I declare under penalty of perjury under the laws of the state of Kansas that the foregoing is true and correct.

Authorized Officer (17-1763(b)(15))

Signature
X
Phone
Email

Chief Fiscal Officer (17-1763(b)(15))

Signature
X
Phone
Email



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Attachment

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Gross contributions - receipts and income for each separate solicitation/project/source

Public support (contributions):

General contributions - individuals, foundations, and corporations:

	\$	_____
Direct marketing campaigns:	\$	_____
Online campaigns and giving:	\$	_____
Major gifts:	\$	_____
Special events - contributions:	\$	_____
Monthly sustained gifts:	\$	_____
Non-cash contributions of goods and property:	\$	_____
Other general contributions:	\$	_____
Total general contributions - individuals, foundations, and corporations:	\$	_____

Bequests and grants

Total public support (contributions):

\$ _____

Revenue:

Program service revenue:

	\$	_____
Visitor programs:	\$	_____
Miscellaneous program service revenue:	\$	_____
Total program service revenue:	\$	_____

Merchandise sales, net of cost of goods sold:

Gross merchandise sales:	\$	_____
Less: cost of merchandise sold:	\$	_____
Total merchandise sales, net of cost of goods sold:	\$	_____

Special events:

Revenue from ticket sales:	\$	_____
Less: direct costs	\$	_____
Loss from special events - tickets less direct costs:	\$	_____

Other revenue:

Investments - interest and dividends:	\$	_____
Realized gain on sales of investments:	\$	_____
Royalties and donor lists:	\$	_____
Total other revenue:	\$	_____

Total revenue:

\$ _____

Total public support and revenue:

\$ _____