

Please
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SC
53-10

KANSAS SECRETARY OF STATE
**Charitable Organization Registration
Statement for Solicitations**

All information on the form **must be complete** and accompanied by the **\$35 filing fee** or the registration will **not** be accepted for filing.

INSTRUCTIONS

<input type="checkbox"/> Filing fee	The filing fee for this document is \$35 .
<input type="checkbox"/> Payment	Please enclose a check or money order payable to the Secretary of State. Articles received without the appropriate fee will not be accepted for filing. Please do not send cash. NOTICE: There is a \$25 service fee for all checks returned by your financial institution. Also, to expedite processing, please do not use staples on your documents or to attach checks.
<input type="checkbox"/> Signatures	This registration statement must be signed by two separate , authorized officers, one of whom must be the chief fiscal officer. One person cannot sign twice.
<input type="checkbox"/> Attachments	Attach copies of the organization's federal IRS income tax returns (not including schedules listing individual contributors). We will accept a long year return if that is what was submitted to the IRS for a change of fiscal year with letter stating a fiscal year change was made.
<input type="checkbox"/> No 990	If the organization does not file income tax returns, attach the financial statement prescribed by the Secretary of State (form FS) and attachments disclosing all fiscal activities of the preceding year. If this is the first year the charity has existed, use the FS form for the previous year with zeros.
<input type="checkbox"/> Audit	If the organization received contributions exceeding \$500,000 during its fiscal year, include an audited financial statement prepared in accordance with generally accepted accounting principles and the opinion of an independent CPA. Kansas statute does not allow for a preliminary or drafted audit to be submitted with registration.
<input type="checkbox"/> Renewing	Solicitation registration expires on the last day of the sixth month after the end of the charitable organization's fiscal year. Solicitation registrations are renewed each year.
<input type="checkbox"/> Exemptions from registering	The Secretary of State has no authority to grant exemptions for charitable registrations. If a charity determines it is exempt from registering per K.S.A. 17-1762, the charity does not register with our office. The charity's legal counsel would make this determination, as the Secretary of State cannot give legal advice.
<input type="checkbox"/> Extensions	Kansas statute does not allow for late registrations due to IRS extensions. If the charity is required to register per K.S.A. 17-1763, the charity is out of compliance with statute until a completed registration form and all necessary accompanying documents are submitted. There is no penalty fee for late filing.
<input type="checkbox"/> DO NOT SEND	Do not send copies of the organization's articles or amendments, any private information such as social security numbers, professional fundraiser contracts or any information that does not directly relate to answering the questions asked by the SC form or the 990. Such information will not be included with the registration.
<input type="checkbox"/> Scanned	Registrations are scanned into electronic format. Please do not send bound, stapled or card stock paper documents as these interfere with processing.
<input type="checkbox"/> Submission	Submit this registration statement, along with all required attachments and a \$35 registration fee.

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SC 53-10	KANSAS SECRETARY OF STATE Charitable Organization Registration Statement for Solicitations
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Memorial Hall, 1st Floor 120 S.W. 10th Avenue Topeka, KS 66612-1594	(785) 296-4564 kssos@ks.gov www.sos.ks.gov
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THIS SPACE FOR OFFICE USE ONLY.

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

<input type="checkbox"/> Initial registration	<input type="checkbox"/> Renewal/Update
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Kansas Charitable ID Number:

This registration statement covers tax year end (must match attached fiscal documents):

Month	Day	Year
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1a. Name of organization: (17-1763(b)(1)) (www.ksrevisor.org)

Name

1b. Name/names under which it will solicit: (17-1763(b)(1))

Name

2. Purpose for which the organization was organized (attach additional pages if necessary): (17-1763(b)(2))

Purpose

3a. Principal street address of the organization: (17-1763(b)(3))

Address		
City	State	Zip

3b. Principal mailing address (if different) of the organization: (17-1763(b)(3))

Address		
City	State	Zip

4a. Principal street address of any offices the organization has in Kansas: (17-1763(b)(3))

Address		
City	State KS	Zip

4b. Principal mailing address (if different) for any offices the organization has in Kansas: (17-1763(b)(3))

Address		
City	State KS	Zip

4c. Names and mailing addresses of any subsidiary or subordinate chapters, branches or affiliates in Kansas: (17-1763(b)(4))

Name	Address	City	State KS	Zip
Name	Address	City	State KS	Zip
Name	Address	City	State KS	Zip

5a. Date of organization: (17-1763(b)(5))

Month	Day	Year
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5b. State of organization: (17-1763(b)(5))

State

5c. Form of entity (check all applicable): (17-1763(b)(5))

<input type="checkbox"/> Individual	<input type="checkbox"/> Group	<input type="checkbox"/> Association	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> Trust
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5d. Has the organization applied for or been granted IRS tax exempt status? (17-1763(b)(5))

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If yes, date of application:

Month	Day	Year
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or date of determination letter:

Month	Day	Year
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If granted, exempt under 501(c)
(Please give type)

Are contributions to the organization tax deductible? Yes No

6. Names and addresses (street and mailing) of the following (attach additional pages if necessary): (17-1763(b)(6))

Officers:

Name	Address	City	State	Zip
Name	Address	City	State	Zip
Name	Address	City	State	Zip

Directors:

Name	Address	City	State	Zip
Name	Address	City	State	Zip
Name	Address	City	State	Zip

Trustees:

Name	Address	City	State	Zip
Name	Address	City	State	Zip
Name	Address	City	State	Zip

Principal salaried employees:

Name	Address	City	State	Zip
Name	Address	City	State	Zip
Name	Address	City	State	Zip

7. Name and address (street *and* mailing) of person having custody of the organization's financial records: (17-1763(b)(7))

Name	Address	City	State	Zip
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8. Names of the individuals or officers of the organization who will have responsibility for custody of contributions: (17-1763(b)(8))

Name	Name	Name	Name
Name	Name	Name	Name

9. Names of the individuals or officers of the organization who will have responsibility for the distribution of the contributions: (17-1763(b)(9))

Name	Name	Name	Name
Name	Name	Name	Name

10. Names of the individuals or officers of the organization who will have responsibility for the conduct of solicitation activities: (17-1763(b)(10))

Name	Name	Name	Name
Name	Name	Name	Name

11. Purpose for which the organization intends to solicit contributions (if different from question 2): (17-1763(b)(11))

Purpose

12. Does the organization intend to solicit contributions directly? Yes (17-1763(b)(12))

OR

Does this organization intend to have such solicitation done on such organization's behalf by others? Yes (17-1763(b)(12))

If yes, name the professional fund raiser(s) the organization intends to use (drafted contracts will not be accepted as an answer):

Name

13a. Is this organization authorized by any other states or governmental authorities to solicit contributions? Yes No

If yes, give state or jurisdiction:

(17-1763(b)(13))

State or jurisdiction

13b. Is this organization, or has it ever been, enjoined by any court from soliciting contributions? Yes No

If yes, explain in detail:

(17-1763(b)(13))

Explain

14. Attach 990 (or form FS if no 990 submitted to IRS). (17-1763(b)(14))

Signed and sworn under penalty of perjury pursuant to the laws of the state of Kansas that the foregoing is true and correct.
(K.S.A. 17-1763(b) and K.S.A. 17-6003(b))

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

Signature

X

Name (Printed or typed)

Name

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

Signature

X

Name (Printed or typed)

Name

Phone number

Phone

Email Address

Email Address