

Please
Do Not
Staple



Kansas Attorney General

Derek Schmidt

Charitable Organization Registration Unit

120 SW 10th Avenue, 2nd Floor

Topeka, KS 66612-1597

PHONE: (785) 296-3751 or (800) 432-2310 (toll free in Kansas)

EMAIL charities@ag.ks.gov • ag.ks.gov/licensing/charities-registration

Charitable Organization Registration Statement for Solicitations

<ul style="list-style-type: none"> ● Filing fee/ payment 	<p>The filing fee for this document is \$25. Please enclose a check or money order payable to the Kansas Attorney General. Applications received without the appropriate fee will not be accepted for filing. Please do not send cash.</p>
<ul style="list-style-type: none"> ● Signatures 	<p>This registration statement must be signed by two separate, authorized officers, one of whom must be the chief fiscal officer.</p>
<ul style="list-style-type: none"> ● Attachments 	<p>Attach a copy of the organization's federal IRS income tax return (990). Do not include schedules listing individual contributors. A long-year return will be accepted if that is what was submitted to the IRS for a change of fiscal year.</p> <p>If the organization does not file income tax returns, attach the financial statement form available on the Attorney General's website and required attachments disclosing all fiscal activities of the preceding fiscal year. If this is the first year the charity has existed, use the form for the previous year with zeros.</p> <p>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 statutes do not allow for a preliminary or drafted audit to be submitted with registration.</p>
<ul style="list-style-type: none"> ● Registration period 	<p>Charitable solicitation registration expires on the last day of the sixth month after the end of the charitable organization's fiscal year (e.g., a charitable registration for tax year ending 12/31/2020 would expire 6/30/2021. Solicitation registrations are renewed each year.</p>
<ul style="list-style-type: none"> ● Extensions for filing 	<p>Kansas statutes do 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 required accompanying documents are submitted. There is no penalty fee for late filing.</p>
<ul style="list-style-type: none"> ● Exemptions from registering 	<p>The Attorney General has no authority to grant exemptions for charitable registration. If a charity determines it is exempt from registering per K.S.A. 17-1762, the charity would not register with our office. The charity's legal counsel would make this determination, as the Attorney General cannot give legal advice.</p>
<ul style="list-style-type: none"> ● Submission of registration 	<p>Please submit this completed form, the IRS 990 or the Charitable Organization Financial Statement form, and audited financial statement (if applicable), along with the \$25 filing fee.</p> <p>Please do not send copies of the organization's articles or amendments, any private information such as social security numbers, professional fund raiser contracts or any other information that does not directly relate to answering the questions asked by this form.</p> <p>Upon filing a complete application, the charitable organization will receive a certificate of registration within 60 days.</p> <p>All information on this form must be complete and accompanied by all required attachments and the \$25 filing fee or the registration will not be accepted for filing.</p>

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Charitable Organization Registration Statement for Solicitations

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

Submit the registration form and all required attachments with the \$25 filing fee.

Kansas Charitable ID Number:

Initial registration

Renewal registration

This registration statement covers:

Year
2022-2023

1a. Name of organization:

Name

1b. Name/names under which the organization will solicit (if different than above):

Name

2. Purpose for which the organization was organized:

Purpose

3a. Principal street address of the organization:

Address

City

State

Zip

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

Address

City

State

Zip

3c. Principal street address of any offices the organization has in Kansas:

Address

City

State
KS

Zip

3d. Principal mailing address (if different) for any offices the organization has in Kansas:

Address		
City	State KS	Zip

4. Names and addresses (street and mailing) of any subsidiary or subordinate chapters, branches or affiliates in Kansas:

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

5a. Date the organization was established:

Month	Day	Year
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5b. State of organization:

State

5c. Form of entity (check all applicable):

Corporation Association Partnership Trust Other _____

5d. Has the organization applied for or been granted IRS tax-exempt status?

Yes (complete information below) No (skip to Question 6)

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)

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Are contributions to the organization tax deductible?

Yes No

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

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:

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:

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:

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:

Name	Name	Name	Name
Name	Name	Name	Name

11. General purposes for which the organization intends to solicit contributions (if different from Question 2):

Purpose

12. Does the organization intend to solicit contributions directly? Yes

OR

Does the organization intend to have such solicitation done on such organization's behalf by others? Yes*

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

Name(s) of professional fund raiser(s)
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13a. Is the organization authorized by any other states or governmental authorities to solicit contributions? Yes No

If yes, give state or jurisdiction:

State or jurisdiction

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

If yes, explain in detail:

Explanation

14. Cost of fund raising incurred or anticipated to be incurred by the organization:

\$

Fundraising costs as a percentage of contributions received:

%

15. Enclose a copy of the federal income tax return (990) of the charitable organization, if the charitable organization is required to file one; otherwise, Form FS (financial statement), which covers complete disclosure of the fiscal activities of the organization during the preceding year, is required to be filed.

If the charitable organization received contributions in excess of \$500,000, the charitable organization must also submit an audited financial statement for its most recently completed fiscal year, prepared in accordance with generally accepted accounting principles, and the opinion of an independent certified public accountant.

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))

Authorized Officer

Signature

X

Name (Printed or typed)

Name

Chief Fiscal Officer

Signature

X

Name (Printed or typed)

Name

Contact phone number

Phone

Contact email address

Email Address