



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/charities

Charitable Organization Registration Statement for Solicitations

Filing fee & payment	Filing fee is twenty-five dollars (\$25). Please enclose check or money order made payable to the Kansas Attorney General .
Signatures	Registration Statement must be signed by two (2) separate and authorized officers, one of whom is the chief fiscal officer.
Submission	<input type="checkbox"/> \$25 filing fee <input type="checkbox"/> This completed form <input type="checkbox"/> IRS Form 990 (excluding Schedule B) or AG Financial Statement <input type="checkbox"/> Audited Financial Statement, if applicable
Acceptance & Processing	<p>Application packet must include all of the above to be accepted for filing. Any charity required to register per K.S.A. 17-1763, must submit a completed Registration Statement and all required attachments in order to comply with Kansas law.</p> <p>The Kansas Attorney General's Office will process complete application packets and, upon completion of that processing, will mail a certificate of registration.</p>

Registration Period	Registration for solicitation is renewed annually. According to Kansas law, registration expires on the last day of the sixth month after the end of the charity's fiscal year.
Extensions	Kansas law does not allow for late registrations even if the IRS extends a federal tax deadline; however, Kansas does not charge an additional fee for late registration.
Exemptions	Kansas law does not give the Attorney General authority to grant exemptions from registration. Please consult your organization's legal counsel to determine whether your organization is exempt from registration per K.S.A. 17-1762, as the Attorney General's staff cannot give legal advice.



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<input type="checkbox"/> Initial Registration	<input type="checkbox"/> Renewal	AG Charitable ID no.	--
		Federal EIN	--

This statement covers the registration years: **2023-24**

1a. Organization's name	
1b. Additional names used to solicit (if different)	

2. Purpose for which Organization was organized	
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3a. Principal street address			
City, State, Zip			
Phone, Email			
Website			
3b. Principal mailing address (if different)			

4a. Date of establishment		4b. State of formation		
4c. Form of entity	<input type="checkbox"/> Corporation	<input type="checkbox"/> Association	<input type="checkbox"/> Partnership	<input type="checkbox"/> Trust
	Other:			
4d. IRS tax exempt status	Date Applied for	Date of Determination Letter	Type of 501(c)	
	/ /	/ /		

5. Name of third-party filer company (if any)			
Mailing address			
City, State, Zip			
Phone, Email			

6a. Principal street address of any Kansas offices			
<input type="checkbox"/> N/A		Kansas	
6b. Principal mailing address of any Kansas offices (if different from 6a)			
		Kansas	

7. Names & street & mailing addresses of subsidiary or subordinate chapters, branches, or affiliates in Kansas			<input type="checkbox"/> N/A
Name			
Street			
City, State, Zip		Kansas	

Name			
Street			
City, State, Zip		Kansas	
Name			
Street			
City, state, zip		Kansas	

8a. Names, titles, & street & mailing addresses of Officers		<input type="checkbox"/> N/A	<input type="checkbox"/> See attached list
Name, title			
Street			
City, State, Zip			
Name, title			
Street			
City, State, Zip			
Name, title			
Street			
City, State, Zip			
8b. Names, titles, & street & mailing addresses of Directors		<input type="checkbox"/> N/A	<input type="checkbox"/> See attached list
Name, title			
Street			
City, State, Zip			

Name, title			
Street			
City, State, Zip			
Name, title			
Street			
City, State, Zip			
8c. Names, titles, & street & mailing addresses of Trustees		<input type="checkbox"/> N/A	<input type="checkbox"/> See attached list
Name, title			
Street			
City, State, Zip			
Name, title			
Street			
City, State, Zip			
Name, title			
Street			
City, State, Zip			
8d. Names, titles, & street & mailing addresses of Principal Salaried Employees		<input type="checkbox"/> N/A	<input type="checkbox"/> See attached list
Name, title			
Street			
City, State, Zip			

Name, title			
Street			
City, State, Zip			
Name, title			
Street			
City, State, Zip			

9. Name & title of the person having custody of financial records		<input type="checkbox"/> See attached list
Name, title		
Street		
City, State, Zip		

10. Names & titles of the individuals who have responsibility for custody of contributions		<input type="checkbox"/> See attached list
Name, title		
Name, title		
Name, title		

11. Names & titles of the individuals who have responsibility for the distribution of contributions		<input type="checkbox"/> See attached list
Name, title		
Name, title		
Name, title		

12. Names & titles of the individuals who have responsibility for the conduct of solicitation activities		<input type="checkbox"/> See attached list
Name, title		
Name, title		
Name, title		

13. General purposes for which Organization intends to solicit contributions (if different from Q2.)	
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14. Does Organization intend to solicit contributions directly?	<input type="checkbox"/> Yes	<input type="checkbox"/> No. Complete below info
Name of Professional Fundraiser		
Street		
City, State, Zip		

15a. Is Organization authorized by other states or governmental authorities to solicit contributions?	<input type="checkbox"/> Yes; see attached list	<input type="checkbox"/> No
List of states		
Cont'd		

15b. Is or has Organization ever been enjoined by any court from soliciting contributions?	<input type="checkbox"/> Yes; see attached explanation	<input type="checkbox"/> No
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16. Fundraising costs incurred or anticipated	\$
Fundraising costs as percentage of contributions received	%

17a. Is Organization required to file a federal income tax return?	<input type="checkbox"/> Yes; Attach a copy (excluding Schedule B)	<input type="checkbox"/> No. Skip to 17c.
17b. Did Organization's contributions and grants exceed \$500,000 for the fiscal year?	<input type="checkbox"/> Yes; Attach the audited financial statement.	<input type="checkbox"/> No
17c. Is the Organization exempt from filing a federal tax return?	<input type="checkbox"/> Yes. Attach completed AG Financial Statement form.	<input type="checkbox"/> No

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 and date

Printed name

Chief Fiscal Officer signature and date

Printed name