

**FR**  
90-05

KANSAS SECRETARY OF STATE  
**Professional Fund Raiser**  
**Annual Report**  
Instructions

**Kansas Office of the 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

<input type="checkbox"/> <b>Professional fund raiser annual report</b>	Each professional fund raiser shall file an annual report with the Secretary of State on or before July 31 each year, reflecting the professional fund raiser's solicitation activities that occurred on and after July 1 of the previous year through the following June 30.
<input type="checkbox"/> <b>Fund raising methods</b>	A description of the fund raising methods used by the professional fund raiser can be through personal contact, mail, telephone, radio, TV, volunteers, internet, vendors, or you may specify other methods.
<input type="checkbox"/> <b>Other</b>	If the professional fund raiser is filed with the Secretary of State as a corporation, LLC, LP, LLP, or other entity, you may need to file an annual report for your entity, in addition to this fund raiser annual report. Go to <a href="http://www.sos.ks.gov">www.sos.ks.gov</a> for more information on business entity filings.
<input type="checkbox"/> <b>Additional information</b>	If additional space is needed, please provide an attachment.

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THIS SPACE FOR OFFICE USE ONLY.

**1. Name of professional fund raiser and address of principal place of business**

Name	Address		
City	State	Zip	Country

**2. Name and address of each general partner if partnership, or each officer if corporation**

Attach additional pages if necessary.

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

**3. Charitable organizations solicited for in preceding 12 months**

Attach additional pages if necessary.

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

**4. Description of fund raising methods used by professional fund raiser**

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**5. Provide the financial information on each charitable organization for which the professional fund raiser solicited.**

Attach additional pages if necessary.

Name of charitable organization	Gross receipts received for each charitable organization	Net proceeds or revenue received by the fund raiser for each charitable organization	Net proceeds given to the charitable organization	Fees or profits given to the professional fund raiser

**6. On a separate page, provide an itemized list of the professional fund raiser's expenses for each charitable organization.**

**7. Name, address, and registration number of each professional solicitor employed during past 12 months, and name(s) of charitable organization(s) solicited**

Attach additional pages if necessary.

Name		Address		
City		State	Zip	Country
Registration Number of Professional Solicitor		Charitable Organization(s)		
Name		Address		
City		State	Zip	Country
Registration Number of Professional Solicitor		Charitable Organization(s)		
Name		Address		
City		State	Zip	Country
Registration Number of Professional Solicitor		Charitable Organization(s)		

**8. This report covers year ending**

Month	Day	Year
<b>June</b>	<b>30</b>	

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

Signature of Authorized Agent of the Professional Fund Raiser	Month	Day	Year
X			
Name of Signer (printed or typed)	Phone Number		