



COMMONWEALTH OF KENTUCKY
MICHAEL G. ADAMS, SECRETARY OF STATE

Division of Business Filings
P.O. Box 718
Frankfort, KY 40602
(502) 564-3490
www.sos.ky.gov

Disaster Relief Quarterly Report

Pursuant to the provisions of KRS 273.470 the undersigned hereby reports on behalf of the entity named below and, for that purpose, submits the following statement:

1. The entity is a: _____
(State the entity type, i.e. nonprofit corporation, trust, association, etc.)

2. The name of the entity is: _____
(If the entity is on file with the Kentucky Secretary of State, the name must be identical to the name on record.)

3. The state or country under whose law the entity is organized: _____

6. The mailing address of the entity's principal office is:

Street Address City State Zip Code

7. The entity's registered office address is:

Street Address City State Zip Code

and the name of the registered agent at that office is: _____

8. The amount of money received as a result of solicitations for a charitable purpose related to a disaster in Kentucky is: _____

9. State where the funds collected as a result of the solicitation are spent: _____

10. State the amount of funds collected that are used for administrative costs: _____

11. State the date that solicitations for the charitable purpose related to disaster in Kentucky began: _____

12. State whether the organization raised funds through any of the following activities. Check all that apply.

- Mail solicitations
Internet and email solicitations
Phone solicitations
In-person solicitations
Solicitation of non-government grants
Solicitation of government grants
Special fundraising events

13. State whether the entity has or had a written or oral agreement with any individual, including officers, directors, trustees, or key employees, or any entity in connection with professional fundraising services? Yes No

14. If you answered "Yes" to the previous question, list the 5 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

Name and address of individual or entity fundraiser.	Activity.	Did the fundraiser have custody or control of contributions?		Gross receipts from activity.	Amount paid to, or retained by, fundraiser.	Amount paid to, or retained by, fundraiser.
		YES	NO			
1.						
2.						
3.						
4.						
5.						

I hereby certify that the organization is in compliance with KRS 367.650 to 367.670.

Pursuant to KRS 14A.2-030, a person who executes a document with the intent that the document be delivered to the Secretary of State for filing shall be deemed to have declared under penalty of perjury that to the person's knowledge the contents of the document are true.

Signature

Printed Name

Title

Date

**FILING INSTRUCTIONS
FOR DISASTER RELIEF QUARTERLY REPORT**

PURPOSE

KRS 273.470 requires any 501(c)(3) organization, other than a religious organization recognized as tax exempt, that solicits and receives contributions exceeding twenty-five thousand dollars (\$25,000) for a charitable purpose related to a disaster in Kentucky to file quarterly financial reports with the Secretary of State until the funds are expended.

TYPE OF FORMATION

The organization must indicate the entity type.

NAME

The business entity name must be exactly as on file in the home state.

PRINCIPAL OFFICE ADDRESS

The principal office is the office (in or out of this state) so designated in writing with the Office of the Secretary of State where the principal designated office of the business entity is located. This address is where all correspondence from the Office of the Secretary of State (See Document Delivery) will be mailed.

REGISTERED OFFICE AND REGISTERED AGENT

The registered office of the entity is the registered office identified in the home state of the entity. The registered agent is the person designated as the registered agent for service of process in the home state.

FUNDRAISER INFORMATION

Complete the information requested in line 14 in the table provided.

WHO MAY SIGN

The document must be signed in accordance with the provisions of KRS 14A.2-020.

DOCUMENT DELIVERY

A file stamped postcard will be sent to the principal office address indicated.

FILING FEE

The filing fee is \$15.00 for all business entity types. Checks should be made payable to the "Kentucky State Treasurer."

MAILING ADDRESS

Michael G. Adams
Secretary of State
P.O. Box 718
Frankfort, KY 40602-0718

OFFICE LOCATION

Room 154, Capitol Building
700 Capital Avenue
Frankfort, KY 40601
Hours of Operation: 8:00 AM-4:30 PM ET

SIGNATURE AND CERTIFICATION

Charitable organizations, solicitors and fundraising consultants are subject to additional registration and reporting requirements pursuant to KRS 367.650 to 367.670.

CONTACT INFORMATION

If you have any questions please feel free to visit our website at www.sos.ky.gov or call (502) 564-3490.