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Effective: Elaine F. Marshall NC Secretary of State

North Carolina Solicitation Campaign Financial Rep

North Carolina Secretary of State - Charitable Solicitation Licensing Division Contact Informat

Agency Website: http://www.sosnc.com

Email Address: csl@sosnc.com; Telephone: (919) 807-2214 Toll Free for NC Residents: 1-888-830-4989 Fax: (919) 807-2220

Mailing Address: Charitable Solicitation Licensing, P.O. Box 29622, Raleigh, NC 27626-0622



Instructions: ANSWER ALL QUESTIONS. This form is to be COMPLETED AND FILED with the Charitable Solicitation Licensing Division WITHIN 90 DAYS AFTER A SOLICITATION CAMPAIGN HAS BEEN COMPLETED OR ON THE ANNIVERSARY OF THE COMMENCEMENT OF A CAMPAIGN LASTING MORE THAN A YEAR. Any changes in any information filed with the Department under this section shall be reported in writing to the Department within seven (7) days after the change occurs. uhmittad directly to Charitable Solicitation Licensing (CSL)

- This form must be submitted directly to Charitable Solicitation Licensing (CSL).					
- Attachment instructions: DO NOT STAPLE OR BIND YOUR DOCUMENTS TOGETHER. Paperclips are acceptable. If an answer requires more space than the form permits, please provide your answer as an attachment identified by the question number or letter.					
more space than the form permits, please provide your answer a	is an attac	nment identified by t	ine question number	or letter.	
Please submit all attachments on "letter"-sized (8.5" x 11") pape	er.				
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I. GENERAL INFORMATION FILL OUT COMPLETE	LY If mor	e space is needed, attach	additional pages and refere	ence the item.	
A. Name of Solicitor exactly as it appears on North Carolina Solicitor's License	B, N.C. Soli	citor's License Number	C. Expiration Date	D. Phone Number	
Donor Services Group, LLC	SL1004	1 57	3/31/2013	888-474-1900	
E. Street Address of Solicitor	F. City		G. State	H. Zip Code	
6715 Sunset Blvd.	Los Angeles		СА	90028	
I. Name of Charitable Organization or Sponsor for whom solicitations will occur as it appears on North Carolina Solicitation License		e Org. / Sponsor License Exemption Status	K. Expiration Date	L. Phone Number	
Humane Society of the United States	SL000386		05 15 13	20037	
M. Street Address of Charitable Organization or Sponsor	N. City		O. State	P. Zip Code	
2100 L Street, NW	Washir	ngton	DC	202-452-1100	
	.l		<u> </u>		
II. CAMPAIGN INFORMATION FILL OUT COMPLETE	LY If man	e space is needed, attach	additional pages and refere	ence the Item.	
A. Provide the beginning date of the campaign covered in this report. Beginning Date:			10/20/2011		
	16 4h a	**************************************	*****		
B. Provide the ending date of the campaign covered in this repo campaign is still in progress, provide the dates covered in this re		Ending Date(s) or Anniversary Date:	10/19/2012		
C. If this is an appulation and of an angular sampaign indicate so by					
C. If this is an annual report of an ongoing campaign, indicate so by checking the "yes" box to the right. If not, check the "no" box. Annual reports must be filed on the anniversary date of the campaign.		X YES.	□ NO.		
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North Carolina Solicitation Campaign Financial Repor	North Caro	ina Solicitation	ı Campaign	Financial	Repor
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III. GROSS REVENUE AND EXPENSES

<u>Instructions:</u> PROVIDE GROSS REVENUE RECEIVED NATIONALLY AND GROSS REVENUE RECEIVED WITHIN NORTH CAROLINA, PROVIDE NATIONAL EXPENSES AND EXPENSES INCURRED WITHIN THE STATE OF NORTH CAROLINA, **COMPLETE ALL SECTIONS.**

	NATIONAL	NORTH CAROLINA
A. Gross Revenue (e.g. Cash, Product Sales, Event Sales, In-Kind Contributions)	\$ 1,392,791	\$ 35,120
B. Expenses Fill out sections 1 - 12 below.		
1. Solicitor's Share, Commissions and Fees	\$	\$
2. Employee/Independent Contractor Salaries, Fees, Commissions and Benefits	\$	\$
3. Professional, Legal, Accounting Fees	\$	\$
4. Office Expenses, Rental, Furniture, Equipment, Utilities	5	\$
5. Insurance	\$	O ^{\$}
6. Advertising	\$	
7. Telephone, Printing, and Postage	\$	9.10
8. Travel/Vehicle Maintenance/Fuel	\$	To
9. Cost of Merchandise for Resale	\$	\$ 9
10. Cost of Show or Entertainment	\$	\$
11. Facilities Rental	\$	\$
12. Other (Specify)	\$	\$
C. Total Expenses (Total of sections 1 - 12)	\$ 1304102	s 34,500
D. Net Proceeds (Gross Revenue (A) minus Total Expenses (C))	\$ 88,489	\$ 620, w
E. Amount received by Charitable Organization/Sponsor as a benefit from the solicitation campaign. If (D) and (E) are not equal, attach an explanation.	\$ 88,689.	\$ 620,00
F. Fixed Percentage of Gross Revenue received by Charitable Organization/ Sponsor as a benefit from the solicitation campaign. (Amount received by Charitable Organization (E) divided by Gross Revenue (A))	% 6	% /

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	North Ca	rolina Solicitation	ı Campaign Financi	al Report	
IV. METHOD OF F	UNDRAISING Check all ti	nat apply.			
Door-to-Door	Entertainment Event	Telemarketing	Internet	Direct Mall	Sale of Products
Other (Explain)	Telemarketing, Mail				
V. SIGNATURE AN	D NOTARIZATION				
financial report and	affirm that I am an authorized all supplemental forms, resident of the SIGN ONLY WHEN IN THE	eports, documents, an	d attachments are true a		
Signature:	an Ran	Sign	er's Name (Type or Print)	SGAN F	STENTICE
		Sign	er's Title or Position:	UP - OPE	SCATIONS
Notarization: The fo	ollowing is for a notary pub	lic to place you under	oath and then notarize y	our signature:	
County: C	os Angeles	State:	CALIFOCI	NIA	
Sworn to and subs	cribed before me this date	of (MM/DD/YYYY):			
Notary Public's Sig	nature:	Lalanya te	nnem-	- and an analysis of the	
Notary Public's Nar	me (Print): Limbe	Lalanya La orly LaTanya	, Penniman		
Date Notary Public	's Commission Expires:	april 24,201	4		·
if using a notary sta	amp or seal, stamp or impri	nt seal in the rectangl	e below:		
NRO	KIMBERLY LATANYA PENNING F PMAY 1866 6 Notary Public - California 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	NRO1			
	MAINTAI		S FORM FOR YOUR F	RECORDS	
			e 3 of 3 OF FORM		

Campaign Expense Allocation		All States	Nor	th Carolina	
	\$	130,402.00	\$	34,500.00	
Printing	\$	3,028.01	\$	801.11	
Postage	\$	7,634.74	\$	2,019.90	
Telephone	\$ \$ \$	7,173.42	\$	1,897.85	
Payroll	\$	44,645.18	\$	11,811.62	
Employee benefits	Ś	3,320.83	\$	878.58	
Rent	Ś	7,122.81	\$	1,884.46	
Office manager	\$ \$ \$	15,456.60	\$	4,089.30	
Utilities	\$	1,627.40	\$	430.56	
Equipment		1,575.82	\$	416.91	
Recruitment	ζ	1,110.01	\$	293.67	
Computer Programming	ς ς	942.83	\$	249.44	
Office expenses	\$ \$ \$	29,366.96	\$	7,769.51	
	•	,			
P.S. Fee/Profit	\$	7,397.38	\$	1,957.10	
Total	\$	130,402.00	\$	34,500.00	