

**Initial Registration Non-Profit Organization**

Fill out completely and use additional sheets of paper where needed

Please indicate the type of business entity:

\_\_\_ Corporation/LLC \_\_\_ Partnership \_\_\_ Sole Owner \_\_\_ Other: \_\_\_\_\_

\_\_\_\_\_  
Principal Name of Business

\_\_\_\_\_  
Street Address of Principal Business (no PO Box Number)

\_\_\_\_\_  
Mailing (if different)

\_\_\_\_\_  
Business Phone (with area code)

\_\_\_\_\_  
Contact Phone (with area code)

\_\_\_\_\_  
Contact Email

**Briefly describe the nature and purpose of the non-profit organization and intended fundraising:**

**Name, address and telephone number under which the non-profit does business:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Address

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Address

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Address

**Address and telephone number of each location from which the non-profit organization will solicit funds, either directly or through professional fundraisers** (use additional sheets of paper if needed)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Address Phone

**If the Non-Profit is a Corporation/LLC, list all officers, director and partner of the organization and its registered agent if any:**

\_\_\_\_\_  
Name (First, MI, Last) Position/Title

\_\_\_\_\_  
Address Phone

\_\_\_\_\_  
Name (First, MI, Last) Position/Title

\_\_\_\_\_  
Address Phone

**If the Non-Profit is a Partnership, list all partners:**

\_\_\_\_\_  
Name (First, MI, Last) Position/Title

\_\_\_\_\_  
Address Phone

\_\_\_\_\_  
Name (First, MI, Last) Position/Title

\_\_\_\_\_  
Address Phone

\_\_\_\_\_  
Name (First, MI, Last) Position/Title

\_\_\_\_\_  
Address Phone

**List everyone owning an interest of 10% or more in the organization:**

\_\_\_\_\_  
Name (First, MI, Last) % Interest

\_\_\_\_\_  
Address Phone

\_\_\_\_\_  
Name (First, MI, Last) % Interest

\_\_\_\_\_  
Address Phone

\_\_\_\_\_  
Name (First, MI, Last) % Interest

\_\_\_\_\_  
Address Phone

Total amount of funds solicited/collected by of for the organization in the last fiscal year: \$ \_\_\_\_\_

Percentage of funds solicited/collected directly expended on the cost of fundraising and/or allocated to fundraising activities in the last two years: \_\_\_\_\_%

**Percentage of funds solicited/collected in the last two years directly expended for the organization's non-profit purposes:** \_\_\_\_\_% Example: \$1,000 was collected, \$200 went to operating costs, \$100 went to cost of solicitation = answer 70%.

**Name, address and telephone number of all professional fundraisers who will solicit funds on behalf of your organization last year:**

\_\_\_\_\_  
Name (First, MI, Last)

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Address

\_\_\_\_\_  
Name (First, MI, Last)

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Address

\_\_\_\_\_  
Name (First, MI, Last)

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Address

\_\_\_\_\_  
Name (First, MI, Last)

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Address

**Describe the manner in which the professional fundraiser will be compensated for their solicitation activities:**

**What type of solicitation programs will be utilized by the organization or the professional fundraisers?**  
Example: personal contact, direct mail, radio, newspaper, TV, etc. **Please attach any written sales presentations, ads, etc.**

**List the name, address and telephone number of all financial institutions in which the organization will deposit the funds solicited:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Address

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Address

**List the name, address and telephone number of any other governmental agency in Missouri with which the non-profit organization has been registered in the past three years:**

\_\_\_\_\_  
Name Phone

\_\_\_\_\_  
Address

\_\_\_\_\_  
Name Phone

\_\_\_\_\_  
Address

Please provide the ending date of your fiscal year for annual reporting purposes: \_\_\_\_\_

Please attach/submit your State of Missouri Sales Tax Exemption or the Exemption letter (501C) in the name of the organization.

**MUST BE SIGNED IN FRONT OF A NOTARY PUBLIC**

STATE OF MISSOURI

COUNTY OF \_\_\_\_\_ }

I, \_\_\_\_\_ being duly sworn deposes and says, that s/he has made the foregoing annual report of a non-profit organization, as required by section 804.210 SLCRO; that s/he has read the foregoing report and knows the contents thereof; that s/he is authorized to make the foregoing report on behalf of the above named organization; and that the foregoing report is true to his/her own knowledge; and that the foregoing report was made for the purpose of complying with the requirements of sections 804.170 through 804.240 SLCRO.

\_\_\_\_\_  
Printed Name & Title of Owner, Partner or Officer Signature of Owner, Partner or Officer

\_\_\_\_\_  
Printed Name & Title of Owner, Partner or Officer Signature of Owner, Partner or Officer

\_\_\_\_\_  
Printed Name & Title of Owner, Partner or Officer Signature of Owner, Partner or Officer

Subscribed and sworn before me on the \_\_\_\_\_ day of \_\_\_\_\_

My commission expires \_\_\_\_\_

\_\_\_\_\_  
Notary Public