



# Charitable Organization

## Initial registration statement

Return to: Missouri Attorney General's Office  
Attention: Rhonda Johnson  
PO Box 899  
Jefferson City, MO 65102

ENCLOSE  
\$15 FEE

MISSOURI ATTORNEY GENERAL  
CHRIS KOSTER

573-751-3321  
ago.mo.gov

### CHARITABLE ORGANIZATION INFORMATION

OFFICIAL NAME \_\_\_\_\_ OTHER NAMES USED (DBAs) \_\_\_\_\_  
\_\_\_\_\_

PRINCIPLE PLACE OF BUSINESS ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE ( ) - \_\_\_\_\_

#### ADDRESS AND PHONE OF EACH SOLICITATION LOCATION IN MISSOURI (include professional fundraisers)

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ MO \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE ( ) - \_\_\_\_\_

PURPOSE OF CHARITABLE ORGANIZATION \_\_\_\_\_  
\_\_\_\_\_

#### TYPE OF BUSINESS ENTITY (CHECK ONE OF FOUR BOXES)

CORPORATION (Attach articles of incorporation)  
List officers' and directors' names, positions, phones and home addresses

NAME \_\_\_\_\_ POSITION \_\_\_\_\_ PHONE ( ) - \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

NAME \_\_\_\_\_ POSITION \_\_\_\_\_ PHONE ( ) - \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

NAME \_\_\_\_\_ POSITION \_\_\_\_\_ PHONE ( ) - \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

NAME \_\_\_\_\_ POSITION \_\_\_\_\_ PHONE ( ) - \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

#### NAME, ADDRESS AND PHONE OF CORPORATION'S REGISTERED AGENT

NAME \_\_\_\_\_ POSITION \_\_\_\_\_ PHONE ( ) - \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**CHARITABLE ORGANIZATION INFORMATION**

**TYPE OF BUSINESS ENTITY (CONTINUED)**  **PARTNERSHIP** (Attach partnership agreement)  
**List partners' names, positions, phones and home addresses**

NAME	POSITION	( )	-	PHONE
ADDRESS	CITY	STATE	ZIP	
NAME	POSITION	( )	-	PHONE
ADDRESS	CITY	STATE	ZIP	
NAME	POSITION	( )	-	PHONE
ADDRESS	CITY	STATE	ZIP	

**NAME, ADDRESS, PHONE, INTEREST AMOUNT OF THOSE OWNING AT LEAST 10 PERCENT OF ORGANIZATION**

OWNER'S NAME	( )	-	PHONE	INTEREST OWNED (%)
ADDRESS	CITY	STATE	ZIP	

**SOLE PROPRIETORSHIP**       **OTHER** (explain) \_\_\_\_\_

**NAME, ADDRESS, AND PHONE OF EACH GOVERNMENTAL AGENCY REGISTERED WITH DURING PAST THREE YEARS**

NAME	( )	-	PHONE
ADDRESS	CITY	STATE	ZIP

**PROFESSIONAL FUNDRAISER INFORMATION**

**NAME, ADDRESS AND PHONE OF ANY PROFESSIONAL FUNDRAISER WHO WILL SOLICIT**

NAME	POSITION	( )	-	PHONE
ADDRESS	CITY	STATE	ZIP	
NAME	POSITION	( )	-	PHONE
ADDRESS	CITY	STATE	ZIP	

**HOW FUNDRAISER WILL BE PAID** \_\_\_\_\_  
 \_\_\_\_\_

**SOLICITATION INFORMATION**

**Types of solicitation programs used by organization or professional fundraiser** (such as personal contact, direct mail, radio and TV commercials or newspaper ads.) Enclose all written sales presentations, ads, phone scripts or other solicitations.

\_\_\_\_\_

\_\_\_\_\_

**PERCENTAGE OF FUNDS RAISED OVER PAST FIVE YEARS SPENT DIRECTLY FOR STATED CHARITABLE PURPOSE:** \_\_\_\_\_ %  
 (If \$1,000 was collected and \$200 was spent on operating costs, then the percentage is 80%.)

**FINANCIAL INSTITUTIONS, ADDRESSES, PHONES AND ACCOUNT NAMES INTO WHICH ALL FUNDS WILL BE DEPOSITED**

INSTITUTION \_\_\_\_\_ ACCOUNT NAME \_\_\_\_\_ PHONE ( ) - \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

INSTITUTION \_\_\_\_\_ ACCOUNT NAME \_\_\_\_\_ PHONE ( ) - \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**FOR THE PURPOSE OF ANNUAL REPORTING, WHAT IS THE ENDING DATE OF YOUR FISCAL YEAR?** \_\_\_\_\_  
 MONTH \_\_\_\_\_ DATE \_\_\_\_\_

**ORGANIZATION AND PROFESSIONAL FUNDRAISER BACKGROUND CHECK**

**HAS A LICENSE OR PERMIT TO SOLICIT FUNDS EVER BEEN DENIED OR REVOKED?**  NO  YES **If "yes," explain in detail:**

Location of action \_\_\_\_\_ Date of action \_\_\_\_\_ (MM-DD-YY)

Government agency bringing action \_\_\_\_\_

Reason for action \_\_\_\_\_

**HAS A GOVERNMENTAL AGENCY ENJOINED OR PROHIBITED YOUR ORGANIZATION OR PROFESSIONAL FUNDRAISER FROM SOLICITING?**  NO  YES **If "yes," explain in detail:**

Location of action \_\_\_\_\_ Date of action \_\_\_\_\_ (MM-DD-YY)

Agency bringing action \_\_\_\_\_

Reason for action \_\_\_\_\_

**HAVE ANY OFFICERS, PROFESSIONAL FUNDRAISERS, DIRECTORS, OR OWNERS OF AT LEAST 10% OF THE CHARITY BEEN CONVICTED OF A FELONY?**  NO  YES **If "yes," explain in detail:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**VERIFICATION**

State \_\_\_\_\_ )  
County \_\_\_\_\_ ) SS.

\_\_\_\_\_ being duly sworn deposes and says, that s/he has made the foregoing initial registration statement of a charitable organization, as required by section 407.462, RSMo; that s/he has read the foregoing registration statement and knows the contents thereof; that s/he is authorized to verify the foregoing registration statement; and that the foregoing registration statement is true to her/his own knowledge; and that the foregoing registration statement was made for the purpose of complying with the requirements of sections 407.450 through 407.478, RSMo.

\_\_\_\_\_  
SIGNATURE

Subscribed and sworn to before me, this \_\_\_\_\_ day of

\_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_ (Notary Public)

**Enclose \$15 check for registration fee. Make check payable to "Missouri Merchandising Practices Fund" and return to:**  
Missouri Attorney General's Office  
Attention: Rhonda Johnson  
PO Box 899  
Jefferson City, MO 65102