



**Charitable Organization
Annual Report Form**

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MISSOURI ATTORNEY GENERAL

registrations@ago.mo.gov
573-751-1197

Most charitable organizations are required to register before soliciting for donations.

WHAT IS THE ORGANIZATIONS TAX EXEMPT STATUS: 501(C) _____ OR NONE _____

If you answered 501(c)(3), (7) or (8) your organization is exempt from registration with the Attorney General. DO NOT complete or submit this form or pay filing fees to this office.

If you are required to register, mail this completed form along with your \$15 fee if applicable to:

Missouri Attorney General's Office • Attention: Registration Specialist • P.O. Box 899 • Jefferson City, MO 65102

Information About Charitable Organization

CURRENT NAME _____ PHONE NO. () - -

CURRENT ADDRESS _____
Street City State Zip County

EMAIL _____

NOTE: Future correspondence regarding your registration will be sent to this email address unless otherwise specifically requested.

TOTAL AMOUNT OF FUNDS SOLICITED OR COLLECTED IN LAST FISCAL YEAR \$ _____

PERCENTAGE OF FUNDS DIRECTLY SPENT ON FUNDRAISING OR DIRECTLY ALLOCATED FOR FUNDRAISING ACTIVITIES _____ % REGISTRATION FILE NO. _____

Information About Professional Fundraiser

NAME, ADDRESS AND PHONE OF ALL PROFESSIONAL FUNDRAISERS USED IN PAST YEAR

NAME _____ PHONE NO. () - -

ADDRESS _____
Street City State Zip County

NAME, ADDRESS AND PHONE OF ALL PROFESSIONAL FUNDRAISERS YOU PLAN TO USE IN UPCOMING FISCAL YEAR

NAME _____ PHONE NO. () - -

ADDRESS _____
Street City State Zip County

Payment Information

Did your organization raise \$10,000 or more for this reporting year? Yes ☐ No ☐

If yes, enclose a \$15 check for registration fee. Make check payable to "Merchandising Practices Revolving Fund." Your report will not be accepted without payment.

Verification Statement

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

Printed Name _____ Authorized Signature _____

Notary

Subscribed and sworn to before me, this _____ day of _____, 20____ Notary Public Signature _____