

**Non-Profit Organization Annual Report Form**

\_\_\_\_\_  
**Name of Business**

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

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

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

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

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

**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**

\_\_\_\_\_  
**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** (use additional sheets of paper if needed):

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

\_\_\_\_\_  
**Position/Title**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**Phone**

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

\_\_\_\_\_  
**Position/Title**

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

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

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

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

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

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

\_\_\_\_\_  
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: \_\_\_\_\_%

Percentage of funds solicited/collected in the preceding fiscal year directly expended for the organization's non-profit purposes or expended or donated for other charitable purpose: \_\_\_\_\_%

**Name, address and telephone number of all professional fundraisers who solicited funds on behalf of your organization last year** (use additional sheets of paper if needed):

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

\_\_\_\_\_  
Address

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

\_\_\_\_\_  
Address

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

\_\_\_\_\_  
Address

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

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**Address**

**Name, address and telephone number of all professional fundraisers whose services you plan to use in the upcoming fiscal year** (use additional sheets of paper if needed):

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**Name (First, MI, Last)**

**Phone**

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**Address**

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**Name (First, MI, Last)**

**Phone**

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**Address**

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**Name (First, MI, Last)**

**Phone**

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**Address**

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**Name (First, MI, Last)**

**Phone**

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**Address**

**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.

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**Printed Name & Position of Owner, Partner or Officer**

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**Signature of Owner, Partner or Officer**

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

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

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**Notary Public**

Rev. 02/2022