

R.J. McELROY TRUST
ANNUAL REPORT

PLEASE RETURN THIS COMPLETED FORM TO:

R. J. McElroy Trust
425 Cedar Street, Suite 312
Waterloo, IA 50701

REPORT MUST BE RETURNED BY:

Or email this form as an attachment to:
Sharon@mcelroytrust.org

ORGANIZATION:

PROJECT:

ADMINISTRATOR OF GRANT:

AMOUNT RECEIVED:

DATE RECEIVED:

NUMBER OF YOUNG PEOPLE SERVED:

GRANT ID#:

ITEMIZE HOW FUNDS WERE SPENT:

OBJECTIVES ACCOMPLISHED BY THE PROJECT:

BENEFITS DERIVED BY THE PROJECT:

If you need additional space to answer any questions, please attach additional page.
If you have any questions, please call Linda Klinger at 287-9102

SIGNATURE: _____ DATE: _____