

School Support Organization Annual Information Form

*(Pursuant to section 49-2-604, TCA, this form must be submitted to the director of schools (or designee) at the **beginning of each school year**. First year/start up SSOs must submit this form prior to raising any funds.)*

For School Year 20 _____ / 20_____ (current school year beginning in August)

Organization Name _____

Goals and Objectives of Organization:

Status

Nonprofit* *SSO has also been granted 501(c)3 status from the IRS - Yes No

Foundation*

Chartered member of nonprofit organization or foundation (example PTA or FFA Alumni)

Does the organization anticipate issuing payment to any SCBE employee(s)?

No Yes – all payments must be pre-approved & made thru the SCS payroll dept.

If yes, list all SCBE employees the organization anticipates paying, the reason for the payment and estimated amount.

Name/Reason _____ \$ _____

Name/Reason _____ \$ _____

Name/Reason _____ \$ _____

(Attach additional sheet if needed)

Officers

President _____ Phone Number _____

Address _____ Email _____

Vice-President _____ Phone Number _____

Address _____ Email _____

Treasurer _____ Phone Number _____

Address _____ Email _____

Secretary _____ Phone Number _____

Address _____ Email _____

SSO mail or website: _____