

Requirements for 2nd-Year & older Booster Clubs/Parent Organizations Collecting Money

- Register with MSCS @ <https://sso.scsk12.org/>
- Proof of current Tennessee Nonprofit Corporation (see examples #1 and #2 below) or proof of charitable foundation status (501C3) (see #3 example below)
- Meeting minutes from last school year (1st, mid-year, & last meeting)
- Statement of total revenues & disbursements from last school year (see example of annual report)

*** Money collection examples include, but not limited to the following: membership dues, any fundraising activities, monetary or property donations, movie nights, popcorn sales, etc.

Requirements for 2nd-Year or older Booster Clubs/Parent Organizations "Not" Collecting Money

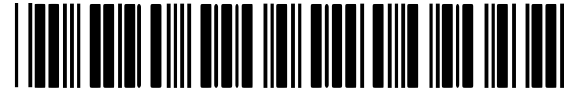
- Register with MSCS @ <https://sso.scsk12.org/>
- Submit parent/officer names and contact information
- Submit goals and objectives of the parent organization

Contact Information

**Department of Family & Community Engagement
160 S. HOLLYWOOD
MEMPHIS, TN 38112
901-416-7600**



Example 2: Tennessee Nonprofit Corporation



B0271-5391 06/30/2016 1:26 PM Received by Tennessee Secretary of State Tre Hargett



Tennessee Corporation Annual Report Form

File online at: http://TNBear.TN.gov/AR

Due on/Before: 07/01/2016

Reporting Year: 2016

AR Filing #: FILED: Jun 30, 2016 1:26PM

Annual Report Filing Fee Due: \$20 if no changes are made in block 3 to the registered agent/office, or \$40 if any changes are made in block 3 to the registered agent/office

This Annual Report has been successfully paid for and filed. Please keep this report for your records. Payment-Credit Card - State Payment Center -

SOS Control Number:

Nonprofit Corporation - Domestic

Date Formed:

Formation Locale: TENNESSEE

(1) Name and Mailing Address:

[Redacted]

(2) Principal Office Address:

[Redacted]

(3) Registered Agent (RA) and Registered Office (RO) Address:

[Redacted]

Agent Changed: No
Agent County: SHELBY COUNTY

(4) Name and business address (with zip code) of the President, Secretary and other principal officers.

Table with 4 columns: Title, Name, Business Address, City, State, Zip. Contains redacted entries for officers.

(5) Board of Directors names and business address (with zip code). None, or listed below.

Table with 3 columns: Name, Business Address, City, State, Zip. Contains redacted entries for board members.

(6) This section applies to non-profit corporations ONLY.

- A. Our records reflect that your non-profit corporation is a public benefit or a mutual benefit corporation as indicated. If blank or incorrect, please check appropriately: X Public Mutual
B. If a Tennessee religious corporation, please check here if blank: Religious

Example 2: Tennessee Nonprofit Corporation

(7) Signature: Electronic

(8) Date: 06/30/2016

(9) Type/Print Name:

(10) Title: MEMPHIS



STATE OF TENNESSEE
DEPARTMENT OF REVENUE

Effective Date: July 1, 2019
Expiration Date: June 30, 2023
Account No:
Exemption No:
Facility Address:
8729 ASHBURY OAK DR
CORDOVA TN 38018-1019

Exempt Organizations or Institutions
Sales and Use Tax Certificate of Exemption

This organization or institution qualifies for the authority to make sales and use tax exempt purchases of goods and services that it will use, consume or give away.

This authorization for exemption is limited to sales made directly to the referenced organization. This exemption certificate may not be used for sales made to individuals paying with personal checks or personal debit or credit cards, even if the individual is a representative or employee of the organization, and he or she will be reimbursed for the purchase. Sellers must refuse to accept the certificate when the sale is made to someone other than the organization.

This exemption certificate may not be used to make purchases without the payment of sales and use tax for other locations and may not be transferred to or used by any other person.

Seller's Name

Seller's Address (City & State)

I, _____, as an authorized representative of the taxpayer named above, affirm that the purchases qualify for the exemption and will be used at the location of the facility address referenced above. Under penalty of perjury, I affirm this to be a true and correct statement.

Print Name of Authorized Representative

Signature of Authorized Representative

Date

School Support Organization

Annual Financial Report

School Year Ending: _____

Organization Name: _____

President: _____ Phone Number: _____

Treasurer: _____ Phone Number: _____

Income/Expenses

Money in account at the beginning of the school year: \$ _____

Money raised during the school year: \$ _____

Total income for the school year: \$ _____

Total expenses for the school year: \$ _____

Money in account at end of the school year: \$ _____

Preparer's Signature

Date