

#### 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 1: Tennessee Nonprofit Corporation**



# STATE OF TENNESSEE Tre Hargett, Secretary of State

Division of Business Services
William R. Snodgrass Tower
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

October 17, 2016

10/18/2016

### Filing Acknowledgment

Please review the filing information below and notify our office immediately of any discrepancies.

SOS Control #: Filing Type:

Nonprofit Corporation - Domestic

Filing Date:
Delayed Effective Date:

10/17/2016 11:18 AM 10/18/2016 12:00 AM

Status:

Active

Duration Term: Public/Mutual Benefit:

Perpetual Mutual

Business County:

SHELBY COUNTY

**Document Receipt** 

Receipt #:

Filing Fee:

Formation Locale: TENNESSEE

Annual Report Due: 10/01/2017

Payment-Credit Card -

Registered Agent Address:

Principal Address:

Date Formed:

Image # :

Fiscal Year Close: 6

Congratulations on the successful filing of your **Charter** for \_\_\_\_\_\_ in the State of Tennessee which is effective on the date shown above. You must also file this document in the office of the Register of Deeds in the county where the entity has its principal office if such principal office is in Tennessee. Please visit the Tennessee Department of Revenue website (apps.tn.gov/bizreg) to determine your online tax registration requirements. If you need to obtain a Certificate of Existence for this entity, you can request, pay for, and receive it from our website.

You must file an Annual Report with this office on or before the Annual Report Due Date noted above and maintain a Registered Office and Registered Agent. Failure to do so will subject the business to Administrative Dissolution/Revocation.

Tre Hargett Secretary of State

Phone (615) 741-2286 \* Fax (615) 741-7310 \* Website: http://tnbear.tn.gov/



Electronic

(7) Signature:

(9) Type/Print Name:

## **Example 2: Tennessee Nonprofit Corporation**

Reporting Year: 2016



This Annual Report has been successfully

your records.

paid for and filed. Please keep this report for



\$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

AR Filing #: FILED: Jun 30, 2016

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**Annual Report Filing Fee Due:** 

Due on/Before: 07/01/2016

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SOS Control Nu Nonprofit Corpor	mber: ation - Domestic	Date Formed:	Formation Locale: TENNESSEE
1) Name and M	ailing Address:	(2) F	Principal Office Address:
3) Registered A	Agent (RA) and Regi	stered Office (RO) Address:	Agent Changed: No Agent County: SHELBY COUNTY
•	· · · · · · · · · · · · · · · · · · ·	code) of the President, Secretary a	
Title	Name	Business A	Address City, State, Zip
E) Board of Direct	tors names and business	ne address (with tip ands) No	and or listed below
(5) Board of Directors names and busin  Name		Business Address	city, State, Zip
A. Our record	incorrect, please che		
	Exampl	e 2: Tennessee Nonp	profit Corporation

(8) Date: 06/30/2016

(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.

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Seller's Name	7 17		Seller's	s Address (City	& State)	
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2 2 1			50 m 8 . *			8 1 july 18
	· . 5x 4	Section 191	4 1 2 3 Hrs.			
		, as a	n authorized rep	resentative of	f the taxpay	er named
above, affirm that	t the purchas	ses qualify fo	r the exemption	and will be u	sed at the lo	cation of the
facility address re	ferenced ab	ove. Under p	enalty of perjury	, I affirm this	to be a true	and correct
statement.	97 - 100 Fg 77	T		09 × 8	100 (100 (100 d) (100	
	160	10	1 500		a ita	
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Print Name of Auti	horized Repre	sentative	Signature of Au	uthorized Repr	esentative	Date

## **Example 3: Charitable Foundation**

The supplier must maintain a copy of this document as evidence of the sales tax exemption.

## **School Support Organization**

Annual Financial Report

School Year Ending:			
Organization Name:			
President:	Phone Number:		
Treasurer:	Phone Number:		
	Income/Expenses		
Money in account at the begi	nning of the school year: \$		
Money raised during the scho	ol year: \$		
Total income for the school ye	ear: \$		
Total expenses for the school	year: \$		
Money in account at end of the	ne school year: \$		
Preparer's Sig	gnature	Date	