

Support Organization Annual Information Form

School Year Ending _____

Organization Name _____

Goals and Objectives of Organization *(Fill out if this is your first filing or if you have a change)*

- No change from previous year.
- First filing or change. Please explain.

Status

- Nonprofit
- Foundation
- Chartered member of nonprofit organization or foundation

(For initial filing, or if status has changed, attach supporting documentation for status, e.g., annual report filed with Secretary of State.)

Officers

President _____ Phone Number _____
Address _____

Vice-President _____ Phone Number _____
Address _____

Treasurer _____ Phone Number _____
Address _____

Secretary _____ Phone Number _____
Address _____

Other _____ Phone Number _____
Address _____

Other _____ Phone Number _____
Address _____

Distribution to director/designee at completion of fiscal year