

**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.

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**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 principal at completion of fiscal year***