

ROANE COUNTY SCHOOLS  
School Support Organization Annual Information Form

Due: Annually by September 1 – Director of Schools' Office

Organization Name \_\_\_\_\_ School Year \_\_\_\_\_

Name of School \_\_\_\_\_

OFFICERS: (List all officers of the organization. If additional space is needed, use second page)

President: \_\_\_\_\_ Phone \_\_\_\_\_

Address: \_\_\_\_\_ ZIP \_\_\_\_\_

e-Mail \_\_\_\_\_

Vice President: \_\_\_\_\_ Phone \_\_\_\_\_

Address: \_\_\_\_\_ ZIP \_\_\_\_\_

e-Mail \_\_\_\_\_

Secretary: \_\_\_\_\_ Phone \_\_\_\_\_

Address: \_\_\_\_\_ ZIP \_\_\_\_\_

e-Mail \_\_\_\_\_

Treasurer: \_\_\_\_\_ Phone \_\_\_\_\_

Address: \_\_\_\_\_ ZIP \_\_\_\_\_

e-Mail \_\_\_\_\_

Other: \_\_\_\_\_ Phone \_\_\_\_\_

Address: \_\_\_\_\_ ZIP \_\_\_\_\_

e-Mail \_\_\_\_\_

**GOALS AND OBJECTIVES OF THE ORGANIZATION** (Complete if this is your first filing with the Board of Education or if you have a change.)

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

List the Goals/Objectives for the organization. (If additional space is needed, use separate page)

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**STATUS:**

- Non-Profit (Secretary of State)
- Non-Profit (501 (c)(3) Federal)
- Foundation
- Chartered member of a nonprofit organization or foundation.

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

**SIGNATURES:**

This report as filed is accurate and complete to the best of our knowledge. I understand that if the organization has failed to meet the minimum requirements, it shall not be recognized as a Roane County School Support Organization and shall not raise any funds nor expend any funds in the name of the school system, school, club or activity and shall not present itself as representing Roane County Schools in any manner.

\_\_\_\_\_  
President Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Secretary or Treasurer Signature

\_\_\_\_\_  
Date

ROANE COUNTY SCHOOLS  
 School Support Organization Annual (OR monthly) Financial Report

School Year (or Month) \_\_\_\_\_ School \_\_\_\_\_

Organization Name \_\_\_\_\_

President: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Address \_\_\_\_\_ E-Mail \_\_\_\_\_

Treasurer: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Address \_\_\_\_\_ E-Mail \_\_\_\_\_

1. Objectives and activities completed by the organization this report:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2. Balance in account at beginning of the school year (month): \$ \_\_\_\_\_

3. Money raised during the school year (month) by activity or fundraiser:

	<u>Activity/fundraiser</u>	<u>Amount</u>
A.	_____	\$ _____
B.	_____	\$ _____
C.	_____	\$ _____
D.	_____	\$ _____
E.	_____	\$ _____
	Total Revenue for the school year (month)	\$ _____

4. Activities, equipment, materials, services, etc. purchased (funds expended):

A.	_____	\$ _____
B.	_____	\$ _____
C.	_____	\$ _____
D.	_____	\$ _____
E.	_____	\$ _____
	Total expenditures for the school year (month)	\$ _____

5. Balance in account at end of school year (month) \$ \_\_\_\_\_

\_\_\_\_\_  
 Preparer's Signature

\_\_\_\_\_  
 Date