

AMPHITHEATER PUBLIC SCHOOLS PARENT SUPPORT ORGANIZATIONS

ANNUAL APPLICATION FOR GOVERNING BOARD APPROVAL

School Year 2019 - 2020

Name of Organization Holaway PTOSchool Holaway Elementary

Related Student Organization or Club _____

Taxpayer I.D. 90-0407165

OFFICERS:

Name: Mary ScottName: Kim MoranOffice Held: PresidentOffice Held: Treasurer

Address: _____

Address: _____

E-mail: _____

E-mail: _____

Phone(s): _____

Phone(s): _____

Date taking office: 5/10/18Date taking office: 8/8/19Name: Virginia Herrera

Name: _____

Office Held: Vice President

Office Held: _____

Address: _____

Address: _____

Phone(s): _____

Phone(s): _____

Date taking office: 8/8/19

Date taking office: _____

FOR ADDITIONAL OFFICERS, PLEASE ADD A SEPARATE, ATTACHED SHEET.

- ☐ Formal Non-Profit Please Attach:
- 1) Articles of Incorporation (*first year only*)
 - 2) I.R.S. Determination Letter (*first year only*)
 - 3) Annual budget, goals and objectives
 - 4) Current operating by-laws
 - 5) Last fiscal year AZ Corporation Commission Annual Report
 - 6) Last fiscal year I.R.S. Form 990 Annual Report
 - 7) Most recent treasurers financial report
 - 8) Most recent bank statement

- ☒ Informal Non-Profit Please Attach:
- 1) Annual budget, goals and objectives
 - 2) Current operating by-laws
 - 3) Most recent treasurers financial report
 - 4) Most recent bank statement

Are two signatures required on disbursements? ☒ Yes ☐ No By-laws reviewed annually? ☒ Yes ☐ NoMember meetings held how often? Monthly Executive meetings held how often? Monthly

As officers, we hereby agree to abide the By-Laws of our organization, attend annual district-provided Parent Support Group training, and follow the district's Guidelines For Operation And Financial Responsibility while we strive to improve our children's educational opportunities where support is needed.

Signature

Date

Signature

Date

Signature

Date

Signature

Date

Site Administrator's Approval:

Signature

Date

For district use:

Finance Department recommendation: approval

Governing Board Agenda date:

9/10/19

AMPHITHEATER PUBLIC SCHOOLS PARENT SUPPORT ORGANIZATIONS

ANNUAL APPLICATION FOR GOVERNING BOARD APPROVAL

School Year 2019 - 2020

Name of Organization CDO Orchestra Booster ClubSchool Canyon del Oro HS

Related Student Organization or Club _____

Taxpayer I.D. 81-3519995

OFFICERS:

Name: Steve MerrittName: Alma AndrewsOffice Held: PresidentOffice Held: Treasurer

Address: _____

Address: _____

E-mail: _____

E-mail: _____

Phone(s): _____

Phone(s): _____

Date taking office: 5/14/18Date taking office: 5/13/19Name: Aaron DioniseName: Venus KnoxOffice Held: Vice PresidentOffice Held: Secretary

Address: _____

Address: _____

Phone(s): _____

Phone(s): _____

Date taking office: 5/13/19Date taking office: 5/14/18

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Are two signatures required on disbursements? ☐ Yes ☒ No By-laws reviewed annually? ☒ Yes ☐ NoMember meetings held how often? Monthly Executive meetings held how often? Annually

As officers, we hereby agree to abide the By-Laws of our organization, attend annual district-provided Parent Support Group training, and follow the district's Guidelines For Operation And Financial Responsibility while we strive to improve our children's educational opportunities where support is needed.

Signature Aaron DioniseDate 5-13-19Signature Venus KnoxDate 5-13-19Signature Aaron DioniseDate 13 May 2019Signature Alma Andrews

Date _____

Site Administrator's Approval: _____

Signature _____

Date _____

For district use:

Finance Department recommendation: approvalGoverning Board Agenda date: 9/10/19

Rec'd
 9/22/19

AMPHITHEATER PUBLIC SCHOOLS PARENT SUPPORT ORGANIZATIONS

ANNUAL APPLICATION FOR GOVERNING BOARD APPROVAL

School Year 2019-20Name of Organization PTOSchool Painted Sky

Related Student Organization or Club _____

Taxpayer I.D. 86-1002763

OFFICERS:

Name: Jennifer TateName: Lorena Sahagun-PerezOffice Held: PresidentOffice Held: Treasurer

Address: _____

Address: _____

E-mail: _____

E-mail: _____

Phone(s): _____

Phone(s): _____

Date taking office: _____

Date taking office: _____

Name: Crystal McPheonName: Dani ThompsonOffice Held: Vice President (4)Office Held: VP

Address: _____

Address: _____

Phone(s): _____

Phone(s): _____

Date taking office: _____

Date taking office: _____

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- 1) Annual budget, goals and objectives
 - 2) Current operating by-laws
 - 3) Most recent treasurers financial report
 - 4) Most recent bank statement

Are two signatures required on disbursements? ☒ Yes ☐ No By-laws reviewed annually? ☒ Yes ☐ No

Member meetings held how often? _____ Executive meetings held how often? _____

As officers, we hereby agree to abide the By-Laws of our organization, attend annual district-provided Parent Support Group training, and follow the district's Guidelines For Operation And Financial Responsibility while we strive to improve our children's educational opportunities where support is needed.

Signature: Jennifer Tate Date: 8/7/19

Signature: Lorena Sahagun-Perez Date: 8/14/19

Signature: [Signature] Date: 8/15/19

Signature: [Signature] Date: 8/15/19

Site Administrator's Approval: [Signature] Signature

8.15.19 Date

For district use:

Finance Department recommendation: approveGoverning Board Agenda date: 9/10/19