

**Support Organization Annual (or Monthly) Financial Report**

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

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

President \_\_\_\_\_ Phone Number \_\_\_\_\_

Treasurer \_\_\_\_\_ Phone Number \_\_\_\_\_

1. Objectives and activities completed by the organization:

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

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

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

A. \_\_\_\_\_ \$ \_\_\_\_\_

B. \_\_\_\_\_ \$ \_\_\_\_\_

C. \_\_\_\_\_ \$ \_\_\_\_\_

D. \_\_\_\_\_ \$ \_\_\_\_\_

E. \_\_\_\_\_ \$ \_\_\_\_\_

**Total revenue for the school year (or month)** \$ \_\_\_\_\_

4. Activities, equipment, materials, services, etc., purchased:

A. \_\_\_\_\_ \$ \_\_\_\_\_

B. \_\_\_\_\_ \$ \_\_\_\_\_

C. \_\_\_\_\_ \$ \_\_\_\_\_

D. \_\_\_\_\_ \$ \_\_\_\_\_

E. \_\_\_\_\_ \$ \_\_\_\_\_

**Total expenditures for the school year (or month)** \$ \_\_\_\_\_

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

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

\_\_\_\_\_  
Date

*Distribution to director/designee at completion of fiscal year*

**Support Organization Financial Review and Inspection**

Name of Support Organization \_\_\_\_\_

Date \_\_\_\_\_

The reviewer/review committee members named below have reviewed the financial reports and related financial activity for the time period of \_\_\_\_\_ through \_\_\_\_\_, in detail. I/we agree that the financial report, related financial activity and records and documentation are (check one):

- Correct and adequate
- Correct and adequate, with the exceptions listed below
- Incorrect and/or incomplete

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_
- 6) \_\_\_\_\_

To prevent the above exceptions from occurring in the future, the following steps should be taken: (list actions)

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_
- 6) \_\_\_\_\_

<b>Overview of Financial Activity</b> (prepared by reviewer/committee)	
Balance on Hand (date of last review)	\$ _____
Receipts (from last review to date of current review)	\$ _____
Disbursements (from last review to date of current review)	\$ _____
Balance on Hand (date of review)	\$ _____

\_\_\_\_\_  
Reviewer

\_\_\_\_\_  
Date

*or*

<b>Number</b>	<b>Printed Name</b>	<b>Officer Title</b>	<b>Member Signature</b>	<b>Date</b>

I have read and understand the exceptions, if any, noted above.

\_\_\_\_\_

Treasurer

\_\_\_\_\_

Date

**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*