

This is a request for sanctioning by the Applicant to the Board of Education of the Broken Arrow Public Schools pursuant to which the funds collected by the Applicant are exempt from the statutory controls over school activity funds. The Applicant is a student achievement program or a parent-teacher association or organization.

Name of Applicant Group: Bysken Ay	row PTA Council
Applicant's Address: <u>ald N main</u> 5+.	
Applicant's Taxpayer I.D. No.: 2371189	87
Applicant's Representative from whom additional info	ormation may be obtained:
Applicant's Telephone Number: 918-72-4-	4350
President	Treasurer
Name: Charla Lane	Name: Tarrah Ross
Address: <u>22075</u> st st	Address: 405 E Ft. Worth St.
Broken Arrow, DK 7402	Broken Arrow, OK 74012
Phone: 918-724-4350	Phone: 918-852-4277
Email: Cylane @ cox net	Email: Mtrossa605 Pgmail.Com
Has the organization provided any payments to district Have you attached copies of your most recent tax fili	t employees during the past 12 months?Yes _X No

We agree, if sanctioned, as per Board Policy #6205, to follow proper bookkeeping procedures, and to ensure the safeguarding of all assets. We, the officers, also agree to annually issue by January 15 all appropriate IRS tax forms including 1099s and W-2s filed with the IRS and the Oklahoma Tax Commission, and to provide copies to the Chief Financial Officer at the same time. We, the officers, agree the organization will not hire or pay employees of Broken Arrow Public Schools. We understand the district prohibits booster club/PTAs from hiring district employees. Applicants certify that the organization does not and will not discriminate with respect to benefits, membership, programs, operation or organization on the basis of race, gender, age, religion, national origin, or disability. We certify that the "Treasurer" is not an employee of Broken Arrow Public Schools, in any capacity.



Attach the most recent financial audit report, if any, for the Applicant issued by an independent accounting firm.

Applicant acknowledges that the Board of Education has the discretion to sanction or decline to sanction the Applicant, and the decision of the Board of Education is final and non-appealable. Applicant further acknowledges that (a) the Board of Education may, at any time, request the records maintained by the Applicant, which records Applicant will promptly make available, and (b) the Board of Education may, at any time it believes it is in the best interest of the School District to do so, withdraw sanctioning, and the decision of the Board of Education is final and non-appealable.

Applicant also acknowledges that, in order for the School District to consider whether to maintain the sanctioning action of Applicant, Applicant shall provide to the Board of Education, upon request, on an annual basis, by August 1 of each year, the audit report, if any, for Applicant's recently ended fiscal year, prepared by an independent accounting firm.

Instructions to Applicant:

- 1. Complete this application. Please print or type.
- 2. Attach Applicant's most recent financial audit report, if any.
- 3. Sign and date this application.
- 4. Deliver this application to:

Natalie Eneff, Chief Financial Officer Marsha Janey, Administrative Assistant to CFO 701 S. Main Street Broken Arrow, OK 74012 918-259-5769

Charla, Lane	9/15/24
(Print Name of Representative of Applicant)	(Date)
And Lane Signature of Representative	

Please submit application to CFO by the October 15th deadline.

Financial Reconciliation Report

School Year:	2023-2024
OCHOOL 1 CO.	ZVZJ-ZVZ-

Information must be in the Oklahoma PTA Office by October 31st of the current school year or the unit will NOT be in good standing.

Oldahoma PTA and local unit bylaws require all PTA/PTSA units and councils to file this report annually. This form must be received in the state office no later than October 31st for a unit to be considered "in good standing" with the State PTA and National PTA. Units and councils should present this at their first general meeting.

Mail to: Okiahoma PTA, 8524 S. Western, Suite 107, Okiahoma City, OK 73139

	Mail to: Okiahoma PTA Fax: 405-681-0736	, 8524 S. Western, Suite Email: director@okpta	e 107, Oklahoma City, OK 73139 n.org Phone # 405-681-0750	
Full Name of PTA/PTSA Unit or	Council: Broken Ar	TOW Council PTA		
School District: Broken Arrow		County: Tulsa	Council (if applicable):	Broken Arrow
		Financial Informa	ation	
	Reportin	g Fiscal Year: 2023-2	2024	
	(Fiscal year is from July 1 throu	gh June 30 and would be the year it	remediately preceding the current school year.)	
1. Beginning Bala	nce (From line #6 of lest (previous year's) report.)		3986.08
2. Deposits (total	deposits from the beginning	ng to the end of the period o	covered by this report).	4887.39
3. Total Cash (sd	₩ rraph.	8873.47		
		the beginning to the end o	f the period covered by this report).	5837.93
			·	3035.54
	5. Ending Balance (subtract #4 from #3). 8. Bank Statement Balance (for last month covered by this report). (This should equal line 5.)			
O. Delia Sereninen	I Diminica (los mat mounts	soroida by and topolo- (····		3035.54
7. Checks Outstar	nding:			·
8. Deposits Outst	ending:			
9. Bank Account	Balance (subtract #7 from	#6 and add #8).		3035.34
Date of Report: 7-3-24				
We have studied the books of the un year indicated and find them to be: Substantially correct with following adjustments:		the fiscal X Corre	ct Substantially Correct	Incomplete Incomect
Comments:			All I Death Grant Chair	
and the tast state.			Signatures: 1. Reporting Committee Chair:	
			2. Member:	
		Į	3. Member:	
		(OR Signature Professional Tax Service:	Ul
100 Care 500 as 505 E Mad him		~~	(data):	
IRS Form 990 or 990-E filed by: Date Rec'd in State PTA Office:	Completed			Form ID: OK-482 Updated: October 2020



Confirmation

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Your Form 990-N(e-Postcard) has been submitted to the IRS

Organization Name: PTA OKLAHOMA CONGRESS

• EIN: 237118987

• Tax Year: 2023

• Tax Year Start Date: 07-01-2023

Tax Year End Date: 06-30-2024

Submission ID: 10065520242098055871

Filing Status Date: 07-27-2024

Filing Status: Pending

Note: Print a copy of this filing for your records. Once you leave this page, you will not be able to do so.

MANAGE FORM 990-N SUBMISSIONS