

# Lake Travis Middle School PTO

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## Annual Review Statement

By signing below, I affirm that:

- a. I have received a copy of the:
  - LTMS PTO Conflicts of Interest policy
  - LTMS PTO Bylaws
  - IRS Compliance Guide for 501(c)(3) Public Charities  
*(president, vice president, treasurer, and secretary only)*
- b. I have read and understand the policies;
- c. I agree to comply with the policies; and
- d. I understand the Organization is charitable and in order to maintain its federal tax exemption it must engage primarily in activities which accomplish one or more of its tax exempt purposes.

*for the School Year*

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Office or Committee	Signature	Date
President		
Vice President		
Treasurer		
Secretary		
Sixth Grade Representative		
Seventh Grade Representative		
Eighth Grade Representative		
Communications Chairperson		
Fundraising Chairperson		
Membership Chairperson		