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# Form **990-EZ**

Department of the Treasury Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

Sponsoning organizations, and controlling organizations as defined in section 512(b)(13) must file Form
990 All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the
end of the year may use this form

The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-1150

2007

Open to Public Inspection

Α	For the	2007 calenda	ar year	, or tax year beginning	July 1	, 2007	, and end	ing	June 20	<u> </u>	, 20 08			
В	Check if ap	oplicable	Please	C Name of organization				D	Employer	ident	tification number			
Ц	Address change use IRS label or PTA Oklahoma Congress Washington Eleme			ton Elementary		73 1371354								
	Name cha	_	print or	Number and street (or P O b				Room/suite E	Telephone	e nur	nber			
닏	Initial retu		type.	600 48th Ave SE	•		1		(405)	(405) 3665984				
닕	Termination		See Specific				J		<u> </u>					
M	Amended		Instruc-	City or town, state or country				F	Group Ex	empt	cion			
므	Applicatio		tions.	Norman OK 73026-0800					Number					
	<ul> <li>Section</li> </ul>	on 501(c)(3) c	_	ations and 4947(a)(1) nonex			attach	G Account	ting method	j: {	✓ Cash			
			a con	npleted Schedule A (Form 9	90 or 990-E2	<i>:</i> ).		Other (s	pecify) ▶					
								H Check	▶ Ø ıftl	ne or	ganization			
1	Websit	e: ►				·		ıs <b>not</b> re	equired to a	ıttacl	า			
J	Organiz	ation type (c	heck o	nly one)— 🗹 501(c)(3)◀(	insert no )	☐ 4947(a)(1) or	☐ 527	Schedul	le B (Form	990,	990-EZ, or 990-PF)			
				on is not a section 509(a)(3) su		nization <b>and</b> its d	ross recein	ts are norma	Ilv not mor	e tha	n \$25,000. A return is			
				ization chooses to file a return					any motimon	J 1,1.G	.,, 420,000,, 1, 0,000, 10			
				ne 9 to determine gross receipt				d of Form 990	D-EZ . ▶	\$	41706			
	art I			enses, and Changes in						<u> </u>				
	artt								4	_	18300			
	1		_	s, grants, and similar amour						_	10300			
	2	Program se	ervice	revenue including governn	nent fees an	d contracts .			2	-				
	3	Membershi	p dues	s and assessments .					3	-+-				
	4	Investment	incom	ne					4		449			
	5a	Gross amo	unt fro	om sale of assets other tha	an inventory		5a							
	Ь			er basis and sales expens	=		5b							
	C			sale of assets other than inve			e 5a (attac	h schedule)	50	-				
9	6			d activities (attach schedule)										
Revenue	1						ng, check	CTICIC P	~	1				
9	а			ot including \$			6a		8258					
Œ		reported or		•			<del> </del>	<del></del>	935					
	b			nses other than fundraisin			[6b]		~		7202			
	С	` ' ' '						60	+	7323				
	7a	7a Gloss sales of liveritory, less returns and allowances							14699					
	b	Less: cost	of goo	ods sold			7b		12012					
	С	Gross prof	it or (lo	oss) from sales of inventor	y. Subtract I	line 7b from line	7a .		70		2687			
	8	Other rever	-	-	,				)8					
	9	Total reve	nue. A	dd lines 1, 2, 3, 4, 5c, 6c,	7c, and 8.				. ▶ 9		28759			
	10	Grants and	simila	ar amounts paid (attach sc	hedule)				10	ו	33050			
	11			or for members	*	RECE			1	1				
Ś	12	•		ompensation, and employe			-1 V. F.		12	2				
enses	1	Drofossion	al face	and other payments to in	dependent	م معرضات		. 181 .	1:	_				
ě	13	Profession	ai iees	and other payments to in	dependent (	Thiractores 3	2 2010	.   6	14		<del></del>			
ă	14			utilities, and maintenance		· · · · ·		. SS	19		713			
_	15	Printing, pi	ublicati	ions, postage, and shippin	g	ÖGDF	60 005	<u> </u>	· ·   -10	_	829			
	16			describe bonding, ad	111111.		IN, U I			-	34592			
	17			Add lines 10 through 16	<del></del>	<u> </u>		<del></del>	. • 1					
⊇જ	18			t) for the year. Subtract line					18	5	(5833)			
Sã	19	Net assets	or fu	nd balances at beginning	of year (fro	m line 27, colu	mn (A)) (r	must agree	with					
_~~	1			e reported on prior year's					19	-	17542			
of ZUIU Net Assets	20			net assets or fund balance										
	21			nd balances at end of year				<u></u>	. ▶ 2		11709			
₹P	art II	Balance \$	Sheet	s—If Total assets on line	25, column	(B) are \$250,00	0 or more	, file Form	990 instea	ad o	f Form 990-EZ.			
$\geq$		··· ·- · · ·		See page 60 of the instruc					ning of year	T	(B) End of year			
Ω,	Carl	h, savings, a	•	, ,	•				17542	22	11709			
뿚	L Casi									23				
2	Land and buildings					24								
₹24	• Othe	•	escribe				)		17542	25	11709			
(2!	5 Tota	al assets .							17342	+	11/09			
20	6 Tota	al liabilities (	descri	be ▶	<u> </u>	and a state that the	1)		47450	26	44700			
27	/ Net	assets or f	und ba	alances (line 27 of column	, (ප) must a	gree with line 2	1)		17452	127	11709			

	, (===, ,									
Part III Statement of Program Service Accomplishments (See page 60 of the instructions.)							Expenses			
Wha	at is the organization's primary exempt purpose? C	hild Advocacy					ured for (4) ord			
Des	cribe what was achieved in carrying out the organizacribe the services provided, the number of persons bei	ation's exempt purposes. Ir				and	4947(a) nal for	(1) tr	usts;	
28	Teacher grants throughout the year to support st	tudent enrichment								
i	(Grants \$ 13538) If this amount incli	udes foreign grants, check	here	<b></b>	Π	28a		1	3538	
	Arts funding to support visiting artists, arts educ									
	YYY									
i	(Grants \$ 4181 ) If this amount incli	udes foreign grants, check	here	·····	$\Box$	29a			4181	
	Grade level expenditure to enhance student envi									
<b>J</b> U .			• • • • • • • • • • • • • • • • • • • •							
•		•								
i	(Grants \$ 4034) If this amount incli	udes foreign grants, check	here	. ▶		30a			4034	
						1 1				
(	(Grants \$ 11297) If this amount incli	udes foreign grants, check	here	. ▶		31a		1	1297	
32 <sup>:</sup>	Total program service expenses. Add lines 28a th				<b>&gt;</b>	32		3	3050	
Pa	rt IV List of Officers, Directors, Trustees, and Key	Employees (List each one eve	n if not compensate	d. See p	age 6	of the	e instru	ctions	i.)	
	(B) Title and average (C) Compensation (D) Contribution (A) Name and address hours per week (If not paid, employee benefit									
	devoted to position enter -0) deferred compens						other	allowa	nces	
	Shanna Wolking									
32	04 Valley Meadow, Norman OK 73071	President, 6-10	0			0			0	
	na Carpenter	 								
	08 Leeds Ln., Norman OK 73071	Vice President, 3	0			0			0	
Shannon Roth 1324 Tarman Cir., Norman OK 73071 Secretary, 5-10 0									0	
	acy L. Haynes 00 Valley Brook, Norman OK 73071	Treasurer, 3-6	0			0			0	
Pa	rt V Other Information (Note the statemer	nt requirement in Genera	al Instruction V.)					Yes	No	
33	Did the organization make a change in its activitie detailed statement of each change	es or methods of conductir	ng activities? If "Y	es," att	ach a	a 	33		1	
34	Were any changes made to the organizing or gov	erning documents but not	reported to the IF	RS? If "	Yes,"			l		
	attach a conformed copy of the changes						34	<u> </u>	1	
35	If the organization had income from business activities, reported on Form 990-T, attach a statement explaining	-		-	), but	not				
9	Did the organization have unrelated business gros				tina	and			]	
-							35a		<b>1</b>	
b	If "Yes," has it filed a tax return on Form 990-T for						35b			
36	Was there a liquidation, dissolution, termination, of statement.	or substantial contraction of				h a	36		1	
37a	Enter amount of political expenditures, direct or inc		structions. > 37	a	•	0				
	Did the organization file Form 1120-POL for this						37b		1	
	Did the organization borrow from, or make any loa			nplovee	or w	/ere				
	any such loans made in a prior year and still unp	aid at the start of the period	od covered by this				38a	-	<b>✓</b>	
t	If "Yes," attach the schedule specified in the line involved.		er the amount 38	ь						
39	involved			+			7	1		
	Initiation fees and capital contributions included o	on line 9	39	a						
	Gross receipts, included on line 9, for public use		· · · · —				7			

Par	rt V	Other Information (Note the statement requirement in General Instruction V.) (Continued)							
40a		(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: ion 4911 ▶0; section 4912 ▶0; section 4955 ▶0							
b		c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation	Yes	No ✓					
С		er amount of tax imposed on organization managers or disqualified persons during year under sections 4912, 4955, and 4958							
d	d Enter amount of tax on line 40c reimbursed by the organization ▶0								
е	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?								
41	List th	the states with which a copy of this return is filed.   Oklahoma							
42a	The b	books are in care of a	57999	54					
	Locat	ated at ▶ 3300 Valley Brook, Norman OK ZIP + 4 ▶ 730	)71						
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial								
	account)?								
	If "Ye	es," enter the name of the foreign country:	-						
	See t	the instructions for exceptions and filing requirements for Form TD F 90-22.1.							
С	At an	ny time during the calendar year, did the organization maintain an office outside of the U.S.?	<u> </u>	<u> </u>					
	If "Ye	es," enter the name of the foreign country: >							
43		non 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here enter the amount of tax-exempt interest received or accrued during the tax year		▶ □					
		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has a	my knov ny knov	wledge vledge.					
Plea Sign		1 19/14 4 7/ 240062							
Her	1								
		Tracy L. Haynes, Treasurer Type or pnnt name and title.							
		Preparer's SSN or PTIN (  Date Check If Preparer's SSN or PTIN (							
Paid Pren	arer's	Preparer's signature sign		111St A)					
Use		Firm's name (or yours if self-employed),							
	~···;	address, and ZIP + 4 Phone no ▶ ( )							
		Form <b>99</b>	0-EZ	(2007)					

### **SCHEDULE A**

(Form 990 or 990-EZ)

# Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Department of the Treasury Internal Revende Service Name of the organization

Supplementary Information—(See separate instructions.) ▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ OMB No. 1545-0047

Employer identification number

PTA Oklahoma Congress Washington Element	tary		73	371354
Compensation of the Five High (See page 1 of the instructions.				and Trustees
(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				
		-		
		,		
Total number of other employees paid over \$50,000 .				
Part II-A Compensation of the Five High (See page 2 of the instructions. List	nest Paid Independent ( st each one (whether indiv	Contractors for iduals or firms). I	Professional Set there are none, e	rvices enter "None.")
(a) Name and address of each independent contractor	or paid more than \$50,000	(b) Type	of service	(c) Compensation
None				
Total number of others receiving over \$50,000 for professional services				
Part II-B Compensation of the Five High (List each contractor who perform firms. If there are none, enter "No	med services other than p	orofessional sen	Other Services vices, whether inc	dividuals or
(a) Name and address of each independent contractor	<del></del>	<del>,</del>	of service	(c) Compensation
None	or paid more than \$50,000	(b) Type	Of Selvice	(c) Compensation
Total number of other contractors receiving over \$50,000 for other services	-			

_	4
Page	4

Par	Statements About Activities (See page 2 of the instructions.)		Yes	No
1,	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities   \$	1		<b>✓</b>
	Organizations that made an election under section 501(h) by filling Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			-
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)			
а	Sale, exchange, or leasing of property?	2a		✓
b	Lending of money or other extension of credit?	2b		✓
С	Furnishing of goods, services, or facilities?	2c		1
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d		✓
е	Transfer of any part of its income or assets?	2e		✓
3a	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments)	3a		1
b	Did the organization have a section 403(b) annuity plan for its employees?	3b		✓
С	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c		<b>✓</b>
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? .	3d_		✓
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a		1
b	Did the organization make any taxable distributions under section 4966?	4b		1
С	Did the organization make a distribution to a donor, donor advisor, or related person?	4c		✓
d	Enter the total number of donor advised funds owned at the end of the tax year			0
е	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶			0
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts			0
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year			0

ŀ.

Pa	rt I\	V Reason for Non-Privat	e Foundation S	Status (See pages 4	through 8 of	the instruct	ions.)
l ce	tify	that the organization is not a priva	ate foundation bed	ause it is (Please check	only ONE app	olicable box.)	
5'		A'church, convention of churche	s, or association of	of churches. Section 170	)(b)(1)(A)(i).		
6		A school. Section 170(b)(1)(A)(ii).	(Also complete Pa	art V.)			
7		A hospital or a cooperative hosp	ital service organi	zation. Section 170(b)(1)	(A)(III).		
8		A federal, state, or local government	nent or governmer	ntal unit. Section 170(b)(	1)(A)(v).		
9		A medical research organization and state ▶	•	·			•
10		An organization operated for the b	-	or university owned or o	perated by a go	vernmental uni	t. Section 170(b)(1)(A)(iv)
11a	<b>V</b>	An organization that normally rece 170(b)(1)(A)(vi) (Also complete th		· = '	a governmental	unit or from the	e general public. Section
11b	1b A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)						
12		An organization that normally rece from activities related to its chart from gross investment income a organization after June 30, 1975.	table, etc., function nd unrelated busi	ns—subject to certain ex ness taxable income (le	ceptions, and ss section 511	(2) no more th tax) from busi	an 331/3% of its support inesses acquired by the
13		An organization that is not conti requirements of section 509(a)(3)					nd otherwise meets the
		☐ Type II	□Type	III-Functionally Integrat	ed 🗆	Type III-Othe	r
		Provide the following info	rmation about th	ne supported organizat	ions. (See pag	e 8 of the instr	uctions.)
Na	(a) Name(s) of supported organization(s)		(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	organiz	pported	(e) Amount of support
					Yes	No	
					}		
					<u> </u>		
Tota	al	<u> </u>	<u> </u>		<del></del>	<u></u> ▶	
14	П	An organization organized and o	perated to test for	r public safety. Section 5	509(a)(4). (See	page 8 of the i	nstructions.)

	TIV-A Support Schedule (Complete only E: You may use the worksheet in the instructions						ccounting.
	endar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 200		(e) Total
15 ·	Gifts, grants, and contributions received. (Do						
	not include unusual grants. See line 28.)	18170	13989	16234	1	4852	63245
16	Membership fees received	188	61	157		148	554
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's chantable, etc., purpose	12011	9636	15595	1	9453	56695
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	484	414	51		19	968
19	Net income from unrelated business activities not included in line 18,						
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.				· · · · · · · · · · · · · · · · · · ·		
21	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.						
22	Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets						
23	Total of lines 15 through 22	30853	24100	32037		4468	121458
24	Line 23 minus line 17	18842	14464	16442	1	5015	64763
25	Enter 1% of line 23	188	241	320		345	
26	Organizations described on lines 10 or 11:	a Enter 2% of a	imount in columi	n (e), line 24	▶	26a	
b	er than a eded the ounts	26b					
С	Total support for section 509(a)(1) test. Enter lin				▶	26c	······································
d	Add: Amounts from column (e) for lines: 18					004	
_						26d 26e	
e f	Public support (line 26c minus line 26d total)  Public support percentage (line 26e (numera					26f	%
27	Organizations described on line 12: a Fo person," prepare a list for your records to show to Do not file this list with your return. Enter the	r amounts include the name of, and t	ed in lines 15, 1 otal amounts rec	6, and 17 that v	vere receiv	ed from	a "disqualified
	(2006) (2005)		(2004)		. (2003) .		
b	For any amount included in line 17 that was received show the name of, and amount received for each (Include in the list organizations described in lines the difference between the amount received and amounts) for each year.	year, that was more through 11b, as w the larger amount	e than the larger of the transfer of the trans	of (1) the amount of not file this list or (2), enter the state of (2).	on line 25 fo st with you um of these	or the ye r retum. e differer	ar or (2) \$5,000 After computing ices (the excess
	(2006) (2005)		(2004)		_ (2003)		
С	Add: Amounts from column (e) for lines: 15		16 21	<del></del> · · · ·	•	27c	<u></u>
d		and line 27b total				27d	
ę	Public support (line 27c total minus line 27d to	tal)			>	27e	
f	Total support for section 509(a)(2) test: Enter a					7 ?	
g	Public support percentage (line 27e (numera	tor) divided by li	ne 27f (denomir	nator))		27g	%
<u>h</u>	Investment income percentage (line 18, colu					27h	%
28	Unusual Grants: For an organization describe prepare a list for your records to show, for each description of the nature of the grant. Do not f	ch year, the name	of the contribut	tor, the date and	l amount o	f the gr	through 2006 ant, and a brie

Sche	dule A (Form 990 or 990-EZ) 2007		_ F	age 5
Pai	Private School Questionnaire (See page 9 of the instructions.)  (To be completed ONLY by schools that checked the box on line 6 in Part IV)			
<b>29</b> .	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other 'governing instrument, or in a resolution of its governing body?	29	Yes	No
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30	-	
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		
32 a b	Does the organization maintain the following:  Records indicating the racial composition of the student body, faculty, and administrative staff?  Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory	32a		
	basis?	32b		
	with student admissions, programs, and scholarships?	32c		ļ
d	Copies of all material used by the organization or on its behalf to solicit contributions?	320		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
33	Does the organization discriminate by race in any way with respect to:			
а	Students' rights or privileges?	33a		
b	Admissions policies?	33Ь		
С	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
9	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
	Has the organization's right to such aid ever been revoked or suspended?	34b		

If you answered "Yes" to either 34a or b, please explain using an attached statement.

Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation

Pai	t VI-A Lobbying Expenditures by Ele (To be completed ONLY by an					e instruction	ons.)	
Chec	ck ▶ a ☐ if the organization belongs to an affilia	ted group. Che	ck ▶ b ☐ if	you checked	"a" and	d "limited coi	ntrol"	provisions apply.
•	Limits on Lobbyir (The term "expenditures" mean					(a) Affiliated gro totals	oup	(b) To be completed for all electing organizations
36		<u></u>	<del></del>		36		-	
36 37	Total tobbying experiatures to initiative public opinion (grassivots lobbying)							
38	Total lobbying expenditures (add lines 36 and 3	- '			38			
39	Other exempt purpose expenditures				39			
40	Total exempt purpose expenditures (add lines				40			
41	Lobbying nontaxable amount. Enter the amount							
•	, ,	obbying nontaxa		•				1
	Not over \$500,000							
	Over \$500,000 but not over \$1,000,000 . \$100,0							
	Over \$1,000,000 but not over \$1,500,000 . \$175,0	000 plus 10% of th	e excess over \$1,0	000,000	41			
	Over \$1,500,000 but not over \$17,000,000. \$225,0	000 plus 5% of the	e excess over \$1,5	500,000				1
	Over \$17,000,000 \$1,000	),000						
42	Grassroots nontaxable amount (enter 25% of li	ne 41)			42			· · · · · · · · · · · · · · · · · · ·
43	Subtract line 42 from line 36. Enter -0- if line 4				43			<del></del>
44	Subtract line 41 from line 38. Enter -0- if line 4	1 is more than lii	ne 38		44			
	Caution: If there is an amount on either line 43	or line 44, you i	nust file Form 47	20.	·			ì 1
	<del></del>	eraging Perio	<del></del>					·
	(Some organizations that made a section See the instructions for	n 501(h) election	do not have to	complete all	of the	five colum s.)	ns be	elow.
		Lob	bying Expenditu	ıres During	4-Yea	ır Averagin	g Pe	riod
	Calendar year (or fiscal year beginning in) ▶	(a) 2007	<b>(b)</b> 2006	(c) 2005		( <b>d</b> ) 2004		<b>(e)</b> Total
45	Lobbying nontaxable amount						,	
46	Lobbying ceiling amount (150% of line 45(e))					·		<u> </u>
47	Total lobbying expenditures							
48	Grassroots nontaxable amount							
49	Grassroots ceiling amount (150% of line 48(e))							
50	Grassroots lobbying expenditures							
Pa	rt VI-B Lobbying Activity by Nonelec (For reporting only by organization)	cting Public C	harities not complete	Part VI-A)	(See	page 14 d	of th	e instructions.)
Duri	ng the year, did the organization attempt to influ	ence national, s	tate or local legis	lation, inclu	ding a	ny Yes	No	Amount
	mpt to influence public opinion on a legislative n							
а	Volunteers					.		
b	Paid staff or management (Include compensation	ion in expenses r	reported on lines	c through I	1.) .     .	.		
С	Media advertisements					•		
d	Mailings to members, legislators, or the public					·		<del> </del>
е	Publications, or published or broadcast statem					•		
f	Grants to other organizations for lobbying purp					.		
g	Direct contact with legislators, their staffs, gov					•		
h	Rallies, demonstrations, seminars, conventions Total lobbying expenditures (Add lines c through					•		
'	If "Yes" to any of the above, also attach a stat	tement giving a c	etailed description	on of the lo	bying	activities.		· · · · · · · · · · · · · · · · · · ·

Pa	t VI			ransfers To and Trans e page 14 of the instruct		Relationships	With	None	chari	table
51				indirectly engage in any of the original of the original of the original of the original orig						
а	Trai	nsfers from the rep	orting organization	to a noncharitable exempt or	ganization of:				Yes	No
	(i)	Cash						51a(i)	ļ	<u> </u>
	(ii)	Other assets .		<i>.</i>				a(ii)	<u> </u>	<u> </u>
b	Oth	er transactions:								
	(i)	Sales or exchange	es of assets with a	noncharitable exempt organi	zation			<u>b(i)</u>		<b> </b>
	(ii)	Purchases of asse	ets from a nonchar	ritable exempt organization .				b(ii)	<b>_</b>	ļ
	(iii)	Rental of facilities	s, equipment, or oth	her assets				b(iii)	ऻ—	<b>├</b> ──
	(iv)	Reimbursement a	irrangements					b(iv)	ļ	ļ
							-	b(v)	ļ	<del> </del>
	(vi)	Performance of se	ervices or member	ship or fundraising solicitation	s			b(vi)	├	<b></b>
C		_		sts, other assets, or paid emp				_с	<u> </u>	L
d 	goo	ds, other assets, o	the above is "Yes," or services given by rrangement, show in	the organization	n received less tha	n fair r	market narket	value value	of the in any	
	a)	(b)		(c)		(d)				
Line	no	Amount involved	Name of none	charitable exempt organization	Description o	f transfers, transaction	s, and sh	anng arr	angem	ents
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	des	cribed in section 5		affiliated with, or related to, other than section 501(c)(3)) c			tions . ►	☐ Ye:	s [	] No
		(a)		(b)		(c)				
		Name of organiz	zation	Type of organization		Description of re	lationship			
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#### Tax Year 2007 PTA Oklahoma Congress Washington Elementary 73-1371354

## Form 990-EZ, Line 10

Agendas	\$709 02
Arts @ Washington	\$4,181.27
DC Peace Ornament	\$115 00
Field Trips	\$928 00
5th Grade Exp	\$4,033.76
5th Grade Gift	\$500.00
Grandparents Day	\$210.08
<b>Grounds Maintenance</b>	\$598 69
Ice Cream Social	\$165.62
Math Programs	\$487.33
Misc Exp	\$8 00
Red Ribbon Week	\$469.37
Scholarships	\$194.61
SOAR Exp & Purch	\$2,379.00
Staff Appreciation	\$2,137.36
Stipends	\$13,537.93
Super Kids Day	\$259 90
Thermometer	\$225.95
Walkathon Expenses	\$1,234.56
WOODS	\$675.00
Total	\$33,050.45

## Tax Year 2007 , PTA Oklahoma Congress Washington Elementary 73-1371354

## Form 990-EZ, Line 31

SOAR Exp & Purch	\$2,379.00
Staff Appreciation	\$2,137.36
Walkathon Expenses	\$1,234.56
Field Trips	\$928 00
Agendas	\$709.02
WOODS	\$675.00
<b>Grounds Maintenance</b>	\$598.69
5th Grade Gift	\$500.00
Math Programs	\$487.33
Red Ribbon Week	\$469.37
Super Kids Day	\$259.90
Thermometer	\$225.95
Grandparents Day	\$210 08
Scholarships	\$194.61
Ice Cream Social	\$165.62
DC Peace Ornament	\$115.00
Misc Exp	\$8.00
Total	\$11,297.49