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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)

Sponsoring 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

Open to Public Inspection

		the Treasury ue Service	ı	➤ The organizati	on may have		ear may use this by of this return		tate repor	ting requirem	ents		Inspe	ection		
				, or tax year b		Pules 1			, and en	-	<i>J</i> 35		,	20 og		
_	heck if ap		Please	C Name of org		<i>(</i>)						oyer Identification number				
	Address c	hange	use IRS	PTA New M	exico Co	naress-SY	Jackson				85	ĺ	0307			
=	Name cha	nge	label or print or				I is not delivere	d to street	address)	Room/suite		phone number				
= '	Initial retur	•	type.	4720 Cairo	•			- 10 0001				(505) 296-9536				
=	Terminatio	*·	See Specific			untry, and ZIP					•			-3330		
=	Amended Application		Instruc-	1		•	T 4				F Group Numb		ption	2464		
=_			tions.	Albuquerqu						10 4			<u>, , , , , , , , , , , , , , , , , , , </u>	2161		
•	Section	on 501(c)(3) o		ations and 494 apleted Sched				ts must a	ttach	1	unting me		✓ Cast	Accrual		
			a con	ipiatau Scriau	ule A (FUI)	11 330 01 33	W-EZ).				(specify)					
	A/_ L _:A	httn:	ww a	ps.edu/aps/s	viackson	/index							organızatı	on		
	Vebsit	· · ·		•							t required			~* 000 DE		
		_		nly one)— 🔽 5				a)(1) or						, or 990-PF)		
				on is not a secti						pts are nor	mally not	more tl	nan \$25,0	00 A return is		
				ization chooses												
				ne 9 to determin								▶ \$		86172		
Pa	rt I	Revenue,	Expe	nses, and C	Changes	in Net A	ssets or Fi	und Ba	ances	(See pag	<u>e 55 ot</u>	Т	nstructio			
	1	Contribution	ns, gifts	s, grants, and	sımılar am	ounts recei	ved					1		13083		
	2	Program se	ervice r	revenue includ	ding gove	rnment fee	s and contra	acts .				2	_	36444		
	3	Membershi	p dues	s and assessr	nents .			•				3		851		
	4	Investment	incom	ie								4		0		
	5a	Gross amo	unt fro	m sale of ass	ets other	than inven	itory		5a 📗							
	b	Less: cost	or othe	er basis and s	sales expe	enses .			5b							
	C			sale of assets.					5a (atta	ch schedul	e)	5c				
Revenue	6			activities (en							" 🗀 .					
틸	-			ot including \$		187	of contrib	utions	. , 0	, , , , , , , , , , , , , , , , , , ,	L					
ا فِي				1		101		1110/13	6a		35425					
-	.	Local direct	ביון".	rsestoffer3h	or 2010:	مأذكأ			6b		14170	1 1				
	C	Not income	or IC	ss) from spec	an runura vial evente	Silia axhei	tion Subtrac	l Stupe 6h		no 60		6c		21255		
). III 16 OL	7a	ne oa .						
		Gross sales	s or inv	ventory, Jess I	eldina au	d allowand	es	}	7b			1 1				
- 1	b	Less: cost	~ 😑									7-				
			-	ss) from sale				rom line	/a .			7c		260		
	8	Other rever			2 4 5	atento	<u> </u>					8		369		
	9			dd lines 1, 2,					<u> </u>	<u> </u>		9		72002		
⊃ I	10	Grants and	sımıla	r amounts pa	ııd (attach	schedule)						10		1000		
S SIU	11	Benefits pa	ud to c	or for member	·s							11				
Ses	12			mpensation,								12				
e .	13	Professiona	al fees	and other pa	yments to	ındepend	ent contract	ors .				13				
` ⊜ I	14	Occupancy	, rent,	utilities, and	maıntenar	nce						14		 		
, m	15			ons, postage,								15				
>	16			describe 🕨								16		71660		
Vet Assets Ex	17	Total expe	nses.	Add lines 10	through 1	<u>6</u>	<u> </u>	<u>.</u>	<u> </u>	<u> </u>	<u>▶</u>	17		72660		
2 2	18	Excess or ((deficit)) for the year.	Subtract	line 17 fro	m line 9 .					18		(658)		
Assets	19			nd balances a												
§ ¥	-	end-of-year	r figure	reported on	prior yea	ar's return)						19		29567		
<u> 5</u>	20	Other chan	ges in	net assets or	fund bala	ances (atta	ich explanati	on) .				20		0		
<u> </u>	21			d balances at								21		28909		
Pa	rt II			s—If Total as								stead	of Form	990-EZ.		
			(S	See page 60 d	of the inst	ructions.)				(A) Be	ginning of	year	(B) End	of year		
22	Cash	n, savinos a	-	estments		•					295	67 2	2	28909		
23											_	23				
24				>								0 24	1	0		
25		,									295			28909		
26 26										<u> </u>		20				
20 27	Net	assets or fi	und ba	oe ► lances (line 2	27 of colu	mn (B) mu	st agree wit	h line 21	, 		295	67 2		28909		

Form **990-EZ** (2007)

Pa	rt III Statement of Program Service Accom	plishments (See page 60	of the instruction	ns.)		Expen	ses	
Wh.	at is the organization's primary exempt purpose? _					ured for (4) orga		
Des	cribe what was achieved in carrying out the organization				and	4947(a)	(1) tru	ısts;
	cribe the services provided, the number of persons be			_ 	optio	onal for o	others	.)
28	support of 500+ students, including programs fo	r reading,science, art, stu	dent recognition	field trips				
						:		
				<u></u>				
	(Grants \$ 0) If this amount incl	udes foreign grants, check	here	▶	28a		7·	<u> 1660</u>
29								
					29a			
	(Grants \$) If this amount includes foreign grants, check here ▶ □							
30								
			••••					
	(Grants \$) If this amount incli	udes foreign grants, check	horo		30a			
					30a			
		udes foreign grants, check			31a			
	Total program service expenses. Add lines 28a th				32			
	rt IV List of Officers, Directors, Trustees, and Key				1 of th	e instruc	tions.)
	(A) Name and address	(B) Title and average hours per week	(C) Compensation	(D) Contributio			xpens	
	(A) Name and address	devoted to position	(If not paid, enter -0)	deferred comper		other a	unt an Illowan	
	JAMIE CORWIN	President, 3hrs/wk						
	4720 Cairo NG	President, 3hrs/wk	0		0			0
	Ross DAvis	4-4-VD 00h	_		_			
	47rocars re	1st VP, 20hrs/wk	0		0			0
	Lisa Childres Treasurer, 20hrs/wk				_			^
					0			0
	MARIE TREMMEL	Secretary, 10hrs.wk	0		0			٥
Ρź	rt V Other Information (Note the statemer	<u> </u>				1	Yes	No
•	· • • • • • • • • • • • • • • • • • • •	•		oo " attach a				
33	Did the organization make a change in its activitied detailed statement of each change	es or methods or conductir	ig activities? If T	es, allacii a	ı	33		✓
34	Were any changes made to the organizing or gov	verning documents but not	reported to the IF	 RS? If "Yes "				
•	attach a conformed copy of the changes					34		✓
35	If the organization had income from business activities,	such as those reported on line	s 2, 6, and 7 (amon	g others), but	not			
	reported on Form 990-T, attach a statement explaining							
á	Did the organization have unrelated business gros	ss income of \$1,000 or more	e or 6033(e) notice	e, reporting,	and	_		
						35a		✓
	If "Yes," has it filed a tax return on Form 990-T for	•				35b		
36	Was there a liquidation, dissolution, termination,		•	•	h a	36		
^ 7 -	statement					30		_
	Enter amount of political expenditures, direct or inc Did the organization file Form 1120-POL for this					37b		1
	<u> </u>	-				0.5		_
30 2	Did the organization borrow from, or make any loa any such loans made in a prior year and still unp					38a		✓
ı	If "Yes," attach the schedule specified in the lin		- 1					
١	involved		38	b				
39	501(c)(7) organizations. Enter:] [
á	Initiation fees and capital contributions included of			а		_		
L	Gross receipts, included on line 9, for public use of club facilities							

	•
•	
	٠ ,
	Form 990-EZ (2007)

_	•
Page	J

Par	T V	Other Information (Note the statement requirement in General Instruction V.) (Continued)		<u>ugo 0</u>	
	501(c	c)(3) organizations. Enter amount of tax imposed on the organization during the year under on 4911 ▶			
b	501(c)	c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the	Yes 0b	No √	
	the y	r amount of tax imposed on organization managers or disqualified persons during vear under sections 4912, 4955, and 4958			
d	Enter	r amount of tax on line 40c reimbursed by the organization ▶		1 3	
е		rganizations. At any time during the tax year, was the organization a party to a prohibited tax shelter saction?	0e		
41	List th	he states with which a copy of this return is filed. ▶ New Mexico			
	7				
	over accou If "Ye See t At an If "Ye Section	es," enter the name of the foreign country: the instructions for exceptions and filing requirements for Form TD F 90-22.1.	2b 2c	No √	
Plea Sigr Here	1	and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has signature of officer Date Marina Efroymson, Treasurer 2009-2010 year Type or pnnt name and title			
Paid Prop	arer's	Preparer's SSN or PT suparture	IN (See Gen	Inst X)	
Use		Film's hame (or yours			
USE !	Office	if self-employed), address, and ZIP + 4 Phone no ► ()			
		Form	990-F7	(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

Supplementary Information—(See separate instructions.)

eparate instructions.)

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

2007

OMB No 1545-0047

	mexico Congress-ST Jackson			65 ;	0307748
Part I	Compensation of the Five Hig (See page 1 of the instructions.			None.")	
(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 employee benefit pla deferred compensa	ns & account and other
none		-			
		-			
		-			
		-			
	er of other employees paid over \$50,000 .	>			
Part II-A	Compensation of the Five High (See page 2 of the instructions. Li				
(a) !	Name and address of each independent contract	or paid more than \$50,000	(b) Type	of service	(c) Compensation
none					
	,				
Total numb professiona	per of others receiving over \$50,000 for all services	•			
Part II-E	Compensation of the Five High (List each contractor who perfor firms. If there are none, enter "N	med services other than p	professional serv		
(a) l	Name and address of each independent contract	or paid more than \$50,000	(b) Type	of service	(c) Compensation
none					
	per of other contractors receiving over	•			,

Pa	rt III 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 a attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses part or incurred in connection with the lobbying activities * (Must equal amounts on line 3 Part VI-A, or line i of Part VI-B.)	iid		√
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Oth organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description the lobbying activities.			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with a substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, with any taxable organization with which any such person is affiliated as an officer, director, trustee, major owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining transactions.)	or ity		
а	Sale, exchange, or leasing of property?	2a	<u> </u>	1
b	Lending of money or other extension of credit?	2b_	<u> </u>	1
С	Furnishing of goods, services, or facilities?			1
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d		1
е	Transfer of any part of its income or assets?		<u> </u>	1
3а	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)			1
b	Did the organization have a section 403(b) annuity plan for its employees?	3b		1
С	Did the organization receive or hold an easement for conservation purposes, including easements to preserve op space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement			1
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d	_	✓
4a h	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	ete . <u>4a</u> 4b	_	✓
		4c		1
c			1-	0
d	· · · · · · · · · · · · · · · · · · ·			0
е	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year	·		
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advis funds included on line 4d) where donors have the right to provide advice on the distribution or investment 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

Par	T II	Reason for Non-Private	Foundation S	Status (See pages 4	through 8 o	t the instruct	tions.)		
l cer	tıfy	that the organization is not a privat	e foundation bec	ause it is: (Please check	only ONE ap	plicable box.)			
5		A church, convention of churches	, or association of	of churches. Section 170	(b)(1)(A)(i).				
6		A school. Section 170(b)(1)(A)(ii). (a	Also complete Pa	art V.)					
7		A hospital or a cooperative hospit	al service organiz	zation. Section 170(b)(1)((A)(iii).				
8		A federal, state, or local governme	ent or governmen	ntal unit. Section 170(b)(1)(A)(v).				
9		A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(III). Enter the hospital's name, city, and state ▶							
10		An organization operated for the be (Also complete the Support Sched	_	or university owned or op	perated by a go	overnmental un	ut. Section 170(b)(1)(A)(iv		
11a		An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)							
11b		☐ A community trust Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)							
12	An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)								
13		An organization that is not control requirements of section 509(a)(3). Type I Type II	Check the box th		f supporting o				
		Provide the following info	rmation about th	se supported organizat	ions (See pag	a 8 of the inst	ructions)		
Provide the following info (a) Name(s) of supported organization(s)		(a)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	Is the si organizati the sup organi	d) upported on listed in oporting zation's documents?	(e) Amount of support		
					Yes	No			
no	ne				-				
					-	-			
Tota	۱.					•			
14	\Box	An organization organized and op	erated to test for	nublic safety. Section 5	509(a)(4) (See	page 8 of the	instructions)		
<u> </u>		organization organizou and op		pasio carety, occitori	22(4)(1), (000	Eago o or the			

	e: You may use the worksheet in the instructions			•			oodanting.
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 20	03	(e) Total
15	Gifts, grants, and contributions received (Do not include unusual grants. See line 28.).	10905	15250	11340	1	3400	50895
16	Membership fees received	16	52	68	<u> </u>	59	195
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose .	87006	76730	76932	7	4079	314747
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	454	346	200		88	1088
19	Net income from unrelated business activities not included in line 18	0	0	0		0	0
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf	0	0	0		0	0
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	0	0	0		0	0
22	Other income. Attach a schedule. Do not						
~~	include gain or (loss) from sale of capital assets	o	893	16037	1	4940	31870
23	Total of lines 15 through 22	98381	93271	104577	102566		398795
24	Line 23 minus line 17	11375	16541	27645	28487		84048
25	Enter 1% of line 23	983	933	1046	1046		
26	Organizations described on lines 10 or 11:	ļ			>	26a	n/a
b c d	Prepare a list for your records to show the nan governmental unit or publicly supported organiz amount shown in line 26a. Do not file this list wi Total support for section 509(a)(1) test: Enter In	ne of and amount zation) whose tota ith your return. Er	t contributed by eal gifts for 2003 the other the total of all	each person (oth rough 2006 exce these excess ar	er than a eeded the nounts	26b 26c	
_					•	26d	
е	Public support (line 26c minus line 26d total)					26e	
f	Public support percentage (line 26e (numera					26f	%
27	Organizations described on line 12: a For person," prepare a list for your records to show Do not file this list with your return. Enter the	or amounts includ the name of, and	led in lines 15, 1 total amounts rec	6, and 17 that verticely each year	vere receiv	ed from	a "disqualified
	(2006) n/a (2005)	n/a	(2004)	n/a	(2003)		n/a
b	For any amount included in line 17 that was receishow 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: (2006)	ved from each pers year, that was mor 5 through 11b, as v the larger amount	son (other than "d re than the larger ovell as individuals.) described in (1)	isqualified person of (1) the amount Do not file this li or (2), enter the s	s"), prepare on line 25 fo st with you um of these	a list fo or the ye r return. e differer	or your records to ear or (2) \$5,000. After computing noces (the excess
•							
	Add Amounts from column (e) for lines: 15 17 314747 20	0	161	<u>0</u>		27c	365837
d		and line 27b total				27d	0 365837
е	Public support (line 27c total minus line 27d to				▶	27e	303037
f	Total support for section 509(a)(2) test. Enter a					27g	92 %
g h	Public support percentage (line 27e (numera Investment income percentage (line 18, colu	•	•			27g	.27 %
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	ed in line 10, 11, ch year, the name	or 12 that receive of the contribu	ed any unusual tor, the date and	grants duri	ng 2003 If the gr	3 through 2006,

N/A

Part V 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)

29	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	Does the organization maintain the following.			1
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing			
	with student admissions, programs, and scholarships?	32c		
u	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)	020		
33	Does the organization discriminate by race in any way with respect to.			
а	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
С	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
е	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracumcular 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		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
35	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	35		

NIA

	t VI-A Lobbying Expenditures by El (To be completed ONLY by ar	n eligible organi	zation that file			tions.	Page U
Chec	k ▶ a ☐ if the organization belongs to an affilia	ated group. Che	ck▶ b 🗌 ify	ou checked "a"	and "limited o	ontrol"	provisions apply.
	Limits on Lobbyi	-			(a) Affiliated		(b) To be completed for all electing
	(The term "expenditures" mea	ns amounts paid	or incurred.)		totak	, 	organizations
36	Total lobbying expenditures to influence public	opinion (grassro	ots lobbying) .				
37	Total lobbying expenditures to influence a legis				 		
38	Total lobbying expenditures (add lines 36 and	<u> </u>		- · · ·			
39	Other exempt purpose expenditures				<u> </u>		
40	Total exempt purpose expenditures (add lines	•		40	ļ		
41	Lobbying nontaxable amount. Enter the amount		-				ļ
		obbying nontaxa					ĺ
	Not over \$500,000 20%						
	Over \$500,000 but not over \$1,000,000 \$100,0	-					
	Over \$1,000,000 but not over \$1,500,000 . \$175,	•					1
	Over \$1,500,000 but not over \$17,000,000. \$225,0	•					
40		0,000					
42	Grassroots nontaxable amount (enter 25% of I			· · ·	1		
43	Subtract line 42 from line 36. Enter -0- if line 4 Subtract line 41 from line 38. Enter -0- if line 4			44	1		
44	Subtract line 41 from line 56. Effer -0- if line 4	i is more man iir	e 30	· · · —	1		
	Caution: If there is an amount on either line 43	3 or line 44, you n	nust file Form 47	20.			
	(Some organizations that made a section See the instructions f	or lines 45 throug		of the instructi	ons.)		
	Calendar year (or	(a)	(b)	(c)	(d)		(e)
	fiscal year beginning in) ▶	2007	2006	2005	200	4	Total
<u>45</u>	Lobbying nontaxable amount						
46	Lobbying ceiling amount (150% of line 45(e))						
47	Total lobbying expenditures				-		
<u>48</u>	Grassroots nontaxable amount						
49	Grassroots ceiling amount (150% of line 48(e))						
50	Grassroots lobbying expenditures						
Pa	Lobbying Activity by Nonelec (For reporting only by organization)			art VI-A) (Se	e page 14	of th	e instructions.)
Duri	ng the year, did the organization attempt to influ	uence national, st	ate or local legisl	ation, including	any Yes	No	Amount
	npt to influence public opinion on a legislative r				1 163	140	Amount
а	Volunteers						
b	Paid staff or management (Include compensat	ion in expenses re	eported on lines o	through h.).			
С	Media advertisements					 	
d	Mailings to members, legislators, or the public					<u> </u>	
е	Publications, or published or broadcast statem	nents					
f	Grants to other organizations for lobbying purp	ooses				 	
g	Direct contact with legislators, their staffs, gov		-	-		 -	
h	Rallies, demonstrations, seminars, conventions						
İ	Total lobbying expenditures (Add lines c through "Yes" to any of the above, also attach a state				L		l

Sche	dule A	4 (Form 990 or 990-EZ)	2007					F	age 7
Pa	rt VI			ransfers To and Transa e page 14 of the instruction		Relationships With	Nonc	chari	table
51				indirectly engage in any of the 01(c)(3) organizations) or in secti				d in s	ection
а		• •		to a noncharitable exempt orga	•	, 10 pomiou organization		Yes	No
_				· · · · · · · · · · · · · · · · · · ·			51a(i)	1	1
	• • •	Other assets .					a(ii)		1
b		er transactions.							
_			es of assets with a	noncharitable exempt organiza	tion		b(i)		✓
	(ii)	_		itable exempt organization			b(ii)		✓
	(iii)			her assets			b(iii)		1
	(iv)	Reimbursement a					b(iv)		1
	(v)		-				b(v)		1
		_		ship or fundraising solicitations	• •		b(vi)		1
c				sts, other assets, or paid emplo	vees		c		1
	d If the answer to any of the above is "Yes," complete the following schedule goods, other assets, or services given by the reporting organization. If t transaction or sharing arrangement, show in column (d) the value of the good				. Column (b) sh he organization	ould always show the fair received less than fair i	market v	value value	of the
	a)	(b)		(c)		(d)			
	e no	Amount involved	Name of none	charitable exempt organization	Description of	transfers, transactions, and si	haring am	angeme	ents
						•	_		
								-	
						-	-		
			<u> </u>						
									-
		-							
			<u></u>						
	des	cribed in section 50	rectly or indirectly 01(c) of the Code (following schedule	affiliated with, or related to, or other than section 501(c)(3)) or it.	ne or more tax in section 527?	-exempt organizations	☐ Yes	s 12] No
		(a)		(b)		(c)			
		Name of organiz	zation	Type of organization		Description of relationship	p		
								_	
									
		.							
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PTA New Mexico Congress SY Jackson—Fiscal Year July 1, 2007- June 30, 2008

EID Number: 85-0307748

Attachment 1 to Form 990EZ (2007)

Community Service and Outreach

Clothing Bank

\$ 1,000