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Form **990-EZ**

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)

2007

OMB No 1545-1150

Department of the Treasury Internal Revenue Service ► 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

Open to Public ∌Inspection

For the 2007 calendar year, or tax year beginning 2008 Aug 1 , 2007, and ending Jul 31 **Employer identification number** Check if applicable Name of organization Address change EVERGREEN SCHOOL PARENTS & TEACHERS ASSOCIATION 22-6069113 Name change Number and street (or P O box, if mail is not delivered to street address) print or Telephone number Initial return type. See (908) 889-6800 2280 EVERGREEN AVENUE Termination Specific City or town, state or country, and ZIP + 4 Amended return instruc-Group Exemption tions. 07076-1999 Scotch Plains Application pendin Number Accounting method Accrual • Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts **X** Cash must attach a completed Schedule A (Form 990 or 990-EZ). Other (specify) > Check ► X if the organization is **not** Website: ► N/A required to attach Schedule B (Form 990, 990-EZ, or 990-PF) **X** 501(c) (4947(a)(1) or 527 Organization type (check only one) — 3) ◀ (insert no.) Check | If the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$100,000 or more, file Form 990 instead of Form 990-EZ 70,543. Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions Contributions, gifts, grants, and similar amounts received 130. 1 Program service revenue including government fees and contracts 2 632. Membership dues and assessments 3 1,070. Investment income 4 5a Gross amount from sale of assets other than inventory 5a b Less cost or other basis and sales expenses 5b c Gain or (loss) from sale of assets other than inventory. Subtract in 5b from in 5a (attach schd) 5 c 6 Special events and activities (attach schedule) If any amount is from gaming, check here a Gross revenue (not including \$ 0. of contributions reported on line 1) 6a 68,711. **b** Less direct expenses other than fundraising expenses 6**b** 52,720. c Net income or (loss) from special events and activities. Subtract line 6b from line 6a 6c See L-6 Stmt 15,991. 7a Gross sales of inventory, less returns and allowances 7 a **b** Less cost of goods sold 7b c Gross profit or (loss) from sales of inventory Subtract line 7b from line 7a 70 Other revenue (describe ► 8 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) 9 17,823. Grants and similar amounts paid (attach schedule) 10 See L-10 Stmt 3,375. Benefits paid to or for members 11 12 Salaries, other compensation, and employee benefits 12 Professional fees and other payments to independent contractors. 13 13 1,594. 14 Occupancy, rent, utilities, and maintenance 14 ഗ 15 Printing, publications, postage, and shipping 15 95. FEB 0 7 2011 16 Other expenses (describe ► See Other Expenses Statements 16 10,602. 17 Total expenses (add lines 10 through 16) 17 15,666. Excess or (deficit) for the year Subtract line 17 from (ine 9 18 OGDEN 2,157. Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year 19 figure reported on prior year's return) 19 12,158. 20 Other changes in net assets or fund balances (attach explanation) 20 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 14,315. Part II Balance Sheets - If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ (See Instructions) (A) Beginning of year (B) End of year 22 Cash, savings, and investments 12,158. 22 14,315. Land and buildings 0. 23 0. Other assets (describe > 24 0. 0. 25 Total assets 12,158. 25 14,315. Total liabilities (describe ► 0. 26 0. Net assets or fund balances (line 27 of column (B) must agree with line 21) 27 12,158. 27 14,315.

B NE P 990-EZ (2007)

TEEA0812 12/27/07

Form	990-EZ (2007) EVERGREEN SCHOO				<u>-606911</u>	3	<u>Pa</u>	<u>age 2</u>
Part				าร.)	E	kpense	S	
Descr	s the organization's primary exempt purpose? ST ribe what was achieved in carrying out thibe the services provided, the number of am title.		oses. In a clear and co relevant information for	ncise manner, each	(Required and (4) or 4947(a)(1) for others.	janızatı trusts,	iòńs a	ınd
	STUDENT ENRICHMENT INCLUI	ING CULTURAL ARTS,						
	SCHOLARSHIPS, READING INC	ENTIVES AND STUDEN	T					
		nis amount includes foreign gr	ants, check here		28a			0.
29	Zoramo +	and announce in origin g	anto, and an incident					
	- -							
	(Grants \$) If th	nis amount includes foreign gi			29 a			
30	Zowenie 4	no annount manager pronger gr			1 1			
				- -				
	(Grants \$) If the	nis amount includes foreign gi	rants, check here		30 a			
31	Other program services (attach schedule							
	(Grants \$) If the	nis amount includes foreign gi	rants, check here	. ▶□	31 a			
32	Total program service expenses Add l	ines 28a through 31a		•	32			0.
Part	IV List of Officers, Directors,	Trustees, and Key Emp	loyees (List each one	e even if not com	pensated S	ee Inst	ructio	ns.)
	(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0)	(D) Contributions employee benefit pla deferred compens	ns and and	Expens other a		
See	List of Officers, Etc. Statement							
								
	_							
				-		-		
 -		j						
- - -								
			<u></u>	<u>l</u>				
Part	V Other Information (Note the	statement requirement in the	instructions)				Yes	No
33	Did the organization make a change in statement of each change	its activities or methods of co	nducting activities? If '	Yes,' attach a det	ailed	33		x
34	Were any changes made to the organizing or gover	ning documents but not reported to th	ne IRS? If 'Yes,' attach a confo	ormed copy of the char	nges .	34		X_
35	If the organization had income from business activi a statement explaining your reason for not reporting	ties, such as those reported on lines 2,	, 6, and 7 (among others), but	not reported on Form	990-T, attach		*	* .
а	Did the organization have unrelated bus proxy tax requirements?		or more or 6033(e) no	itice, reporting, ar	nd	3F -	**************************************	
.	If 'Yes,' has it filed a tax return on Form	• 990-T for this year?	•			35 a	37 /	X
		•		•		330	N/A	<u>-</u> -
	Was there a liquidation, dissolution, teri If 'Yes,' attach a statement		Ů,	1 1	•	36	2	x
	Enter amount of political expenditures, direct or in		s	37a	0.			ļ !
b	Did the organization file Form 1120-PO	L for this year?				37b		X
38 a	Did the organization borrow from, or ma any such loans made in a prior year an	ake any loans to, any officer, d still unpaid at the start of th	director, trustee, or key ne period covered by the	v employee or we is return?	re	38 a		<u>x</u>
b	If 'Yes,' attach the schedule specified in and enter the amount involved	the line 38 instructions		38b	N/2	*		
39	501(c)(7) organizations Enter		•			*		
	Initiation fees and capital contributions	included on line 9		39a	n/I		'	/*
	Gross receipts, included on line 9, for p			39b	N/A	- L ×	Skr	~*

orm 990-E	EZ (2007) EVE	RGREEN SCHO	OL PARENTS	& TEACHERS	ASSOCIATION		22-6069	113	P	age 3
Part V.	Other Infor	mation (Note	the statement	requirement i	n the instructions	.) (Conti	nued)			
40 a 501(c	c)(3) organizatio	ons. Enter amoun	t of tax imposed	on the organization	on during the year un-	der:				
section	on 4911 ►	0.	_, section 4912 •	-	0 _; section 4955	5 -		<u>).</u>		
b 501 (d year o attacl	c)(3) and (4) org or did it becom h an explanatio	<i>ganizations</i> Did t e aware of an exc n	he organization e cess benefit trans	ngage in any sectaction from a price	tion 4958 excess ben or year? If 'Yes,'	efit transad	ction during th	ne 40 b	Yes	No_X
c Enter	r amount of tax under sections	imposed on orga 4912, 4955, and	nızatıon manageı 4958	rs or disqualified p	persons during the	>		. 2	,	,
d Enter	r amount of tax	on line 40c reimb	oursed by the org	anızatıon		•				i i
	<i>rganizations</i> . At er transaction?	any time during	the tax year, was	the organization	a party to a prohibite	ed tax		40 e		أسائشة X
		a copy of this return i	s filed ►							
bAt an finand If 'Ye See to CAt an	and at 2312 on The second in the second i	coles avenume calendar year, a foreign country ame of the foreign for exceptions as	did the organiza (such as a bank a country	tion have an inter account, securitie	est in or a signature s account, or other fi	NJ or other au	one no. > <u>(90</u> ZIP + 4 > <u>070</u> uthority over a count)?	76	Yes	No X X
		•	_	Form 990-EZ in lie or accrued during	eu of Form 1041 — Ch	neck here	► 43		► 🗌	N/A
					The tax year and staten staten of which prepare	nents, and to t r has any kno	1 1	wledge and bo	elief, it is	
Please	D Constant of a	WM	7 XII	WQ				411		
Sign Here	Signature of o	FERRE	E			Date TREASU	RER			
Paid Pre-	Preparer's signature	PAVID W	TARROCCA		Date 01/17/11	Check self- emplo		eparer's SSN neral Instructi	or PTIN ion X)	(See
parer's	Firm's name (or	DAVID W. C	IARROCCA, (CPA, LLC						
Use	yours if self- employed), address, and	1930 WOOD	ROAD			EIN	-			
Onlv	7ID + A	SCOTCH DIA	TNG		N.T 07076	Phon	► 1733) 501_	2300	

TEEA0812 12/27/07

Form **990-EZ** (2007)

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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

2007

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Supplementary Information — (See separate instructions.) ► MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.

Name of the organization			Employer identification	number
EVERGREEN SCHOOL PARENTS & TEACH	ERS ASSOCIATION		22-6069113	
Rantil Compensation of the Five Hig (See Instructions, List each or			, Directors, 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 and deferred compensation	(e) Expense account and other allowances
NONE				
	-			
	-			
	-			
	-			
Total number of other employees paid	None	e		2 3 2
Partill — A Compensation of the Five Hig (See Instructions, List each of	ghest Paid Independent C	ontractors for Pi	ofessional Ser	vices
(a) Name and address of each independent con		<u> </u>	of service	(c) Compensation
NONE		_		
		-		
		-		
Total number of others receiving over \$50,000 for professional services		E		N. Jan W. Jan
Compensation of the Five High (List each contractor who performs. If there are none, enter	formed services other than	professional se		individuals or
(a) Name and address of each independent con	tractor paid more than \$50,000	(b) Type	of service	(c) Compensation
NONE		_		
		-		
		-		
		_		
		_		
Total number of other contractors receiving				

Sch	edule A (Form 990 or 990-EZ) 2007 EVERGREEN SCHOOL PARENTS & TEACHERS ASSOCIATION 22-606911	.3	F	age 2
Pa	Statements About Activities (See ınstructions.)		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. * \$ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)	1		x
	Organizations that made an election under section 501(h) by filing 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)		¥ %	
;	a Sale, exchange, or leasing of property?	2a		x
ı	Lending of money or other extension of credit?	2 b		x
•	E Furnishing of goods, services, or facilities?	<u>2</u> c		х
•	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d		x
(Transfer of any part of its income or assets?	_2e		х
3	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 See Line 3a Stmt	3a	х	
I	Did the organization have a section 403(b) annuity plan for its employees?	3b		<u>x</u> _
•	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		x
(Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		x
4;	Did the organization maintain any donor advised funds? If 'Yes,' complete lines 4b through 4g If 'No,' complete lines 4f and 4g	4a		x
ı	Did the organization make any taxable distributions under section 4966?	4b	 	
•	Did the organization make a distribution to a donor, donor advisor, or related person?	4c		
•	Enter the total number of donor advised funds owned at the end of the tax year .			
•	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year		_	
1	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
ç	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year			0.

Total

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An organization organized and operated to test for public safety Section 509(a)(4) (See instructions.)

Schedule A (Form 990 or 990-EZ) 2007

	edule A (Form 990 or 990-EZ) 2007				22-6069	
1. X Co	Support Schedule (·	•		ounting.
Note	: You may use the worksheet in th	ne instructions for convert	ing from the accrual t	to the cash method o	of accounting	т
begi	ndar year (or fiscal year nning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15	Gifts, grants, and contributions received (Do not include unusual grants. See line 28)					
16	Membership fees received	400.	331.	391.	196	1,318.
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	46,538.	35,164.	40,504.	55,232	. 177,438.
18	Gross income from interest, dividends, amts rec'd from payments on securities loans (sec 512(a)(5)), rents, royalities, income from similar sources, and unrelated business taxable income (less sec. 511 taxes) from businesses acquired by the organization after June 30, 1975	0.	0.	11.	19	
19	Net income from unrelated business activities not included in line 18					
20						
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	46,938.	35,495.	40,906.	55,447	. 178,786.
_24	- 	400.	331.	402.	215	
_25	Enter 1% of line 23	469.	355.	409.	554	
ł	Organizations described on lines Prepare a list for your records to show the supported organization) whose total gifts f return. Enter the total of all these excess Total support for section 509(a)(1)	e name of and amount contribute or 2003 through 2006 exceeded t amounts	he amount shown in line 26	an a governmental unit or	publicly th your 26 26 26	b
	Add Amounts from column (e) for	·	19		58.19	
		22	261	b	▶ 26	d∖
	Public support (line 26c minus lir	,		•	▶ 26	e
27	Organizations described on line For amounts included in lines 15 name of, and total amounts receisuch amounts for each year.	12: , 16, and 17 that were recoved in each year from, each	eived from a 'disqual ach 'disqualified perso	lified person,' prepar on ' Do not file this l	e a list for your ist with your ret	urn. Enter the sum of
	(2006)0.					
	bFor any amount included in line to show the name of, and amoun \$5,000 (Include in the list organi After computing the difference be differences (the excess amounts)	it received for each year, izations described in lines etween the amount receiv) for each vear	that was more than the 5 through 11b, as we get and the larger am	he larger of (1) the a ell as individuals) D ount described in (1)	amount on line 2 o not file this lis or (2), enter the	5 for the year or (2) t with your return. e sum of these
	(2006)	(2005)	0		(2003)	<u>0</u> •
C	: Add. Amounts from column (e) to	or lines. 15		1,33	<u> </u>	
,	(2006) 0 . Add. Amounts from column (e) for 17 Add Line 27a total Public support (line 27c total min	1//138. 20	ne 27h total		0 > 27	c 178,756. d 0.
e	Public support (line 27c total min	us line 27d total)			<u>∪.</u> ≥ 27	e 178,756.
f	Public support (line 27c total min Total support for section 509(a)(2	2) test Enter amount fron	n line 23, column (e)	► 27f 1	78,786.	
	Public support percentage (line				▶ 27	g 99.98 %
t	Investment income percentage (line 18, column (e) (nume	erator) divided by line	e 27f (denominator))		
28	Unusual Grants: For an organizalist for your records to show, for nature of the grant. Do not file the	each vear, the name of th	ie contributor, the dat	te and amount of the	ts during 2003 the grant, and a br	rough 2006, prepare a ref description of the

	(To be completed ONLY by schools that checked the box on line 6 in Part IV)	N/A		
			Yes	No
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	7.4.4.4	<u> </u>
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,		s dera de eg	
50	catalogues, and other written communications with the public dealing with student admissions, programs.	30		i
	and scholarships?	30	Feriji ,	·
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		in antonio
	If 'Yes,' please describe, if 'No,' please explain. (If you need more space, attach a separate statement)	ر ا الم الماري الم الموراء "	*	₹ 5™
				1. %
				7 m
		- 1800 A) 2 . W
			8	i.pr
	Does the organization maintain the following:	22.0	نكتك	2/2
	Records indicating the racial composition of the student body, faculty, and administrative staff?	32 a		
	 Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 	32 b		
,	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing	120		
	with student admissions, programs, and scholarships? d Copies of all material used by the organization or on its behalf to solicit contributions?	32 c		
	deopies of all material used by the organization of office behalf to solicit contributions:	- 32 U	3 33	1.7.
	If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement)	و در		
				24
			7.0	
33	Does the organization discriminate by race in any way with respect to	100		
	a Students' rights or privileges?	33 a		:
•	a Students Tights of privileges.	33 a		├─
1	Admissions policies? .	33 b	į	
•	Employment of faculty or administrative staff?	33 c		<u> </u>
				ľ
(Scholarships or other financial assistance?	33 d	<u> </u>	
	Educational policies?	220		1
	s Educational policies:	33e		
1	Use of facilities?	33 f	1	
,	g Athletic programs?	33 g	L	<u> </u>
			ĺ	
	n Other extracurricular activities?	33 h	A 13	ļ. —
	If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement)],
				. in
			Ì	
34	a 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?	34 b		
	If you answered 'Yes' to either 34a or b, please explain using an attached statement	*	100	, g
25	Door the organization costify that it has complied with the carticable requirements of		1	
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 pondiscrimination? If 'No.' attach an explanation	25		

Par	t VI-A	Lobbying E (To be comple	xpenditures by Ele ted ONLY by an eligible	cting Public Chari organization that filed					,005	N/A	
Che	ck ► a	If the organ	zation belongs to an af	filiated group Check	c ► b If you	u check	ed 'a' and	limited	cont	rol' provisior	s apply
	Limits on Lobbying Expenditures (a) Affiliated group totals (b) To be completed for all electing)) empleted	
	(The term 'expenditures' means amounts paid or incurred)									organiz	
36			tures to influence public			36		_			
37			tures to influence a legi		bying)	37					
38 39			tures (add lines 36 and	3/)	•	38	<u> </u>				
40		exempt purpose	•	20 and 20)	•	39					
41			expenditures (add lines mount. Enter the amour	•	, bla	40	The Profit of	3.3	```	7.00 W.C.S.	
71	_	mount on line 4		lobbying nontaxable a		19	建	* ************************************	این د کا	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	, , ,
		er \$500,000		of the amount on line		1945			. જેમ		
		0,000 but not over \$1		,000 plus 15% of the excess of	1			s :		· ·	
	•	000,000 but not over		.000 plus 10% of the excess of		41			. ,		
	-	500,000 but not over		.000 plus 5% of the excess or			4 15°,			<i>*</i>	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		17,000,000	•	000.000	1.,000,000				1		28. 5
42			amount (enter 25% of I	ine 41)		42		<u> </u>			
43	Subtrac	ct line 42 from li	ne 36. Enter -0- if line 4	12 is more than line 36		43					
44	Subtrac	ct line 41 from li	ne 38 Enter -0- if line 4	11 is more than line 38		44	-				
	Caution	n: If there is an	amount on either line 4	3 or line 44, you must	file Form 4720	. 61 Mal.		3.	. 🝌		
		(Some orga	inizations that made a s	Averaging Period section 501(h) election ee the instructions for I	do not have to d	complet	(h) e all of the	five co	lumn	s below	
				Lobbying Expen	ditures During	4 -Year	Averaging	Period	l		
	(or fisc	ar year al year ing in) ►	(a) 2007	(b) 2006	(c) 2005		1	(d) 004		(e) Total	
45	Lobbyir	ng nontaxable t									
46		ceiling amount f line 45(e))	4.			· * * * * * * * * * * * * * * * * * * *	· • · · · · · · · · · · · · · · · · · ·	8. s.			
47	Total lo expend					_					
48		oots non- amount	- SM (X)	92 van: 48 - 94		000 5 5 Mg					
49	Grassroot (150% of	ts cerling amount f line 48(e))	A A A					' 学 編沸	\$ [‡]		
	expend							_			
ran	t∢vi≝D .	Lobbying A For reporting (ctivity by Nonelect	ing Public Charitie	?S rt VI-A) (See ins	structio	ne)			•	
Dura	an the ve		nization attempt to influ	· · · · · · · · · · · · · · · · · · ·	_					N/A	
atter	npt to in	fluence public of	pinion on a legislative n	natter or referendum, th	hrough the use of	of:	ing any	Yes	No	Amo	unt
	Volunte		ant (lackeds someones	,				<u> </u>			(\$.se
		an or manageme advertisements	ent (Include compensati	ion in expenses reporte	ea on lines c thr	ougn n	.)			~ <u>~~</u>	
			egislators, or the public	• • •	•	•					
			egisiators, or the public led or broadcast statem	onte	•		·	\vdash			
			ations for lobbying purp		•		• •				
			slators, their staffs, gove		Jegislative body		•	 			
			, seminars, conventions			ns	• •	\vdash	-		-
			ures (add lines c throug				•		ξ°.	·	
	If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities.										

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See Instructions)

of the	ie reporting organization · Code (other than sectioi	directly or in n 501(c)(3) (idirectly enga: organizations)	ge in any of the follow or in section 527, rela	ing with any other organization descr iting to political organizations?	ibea in secti	on su	1(C)
	fers from the reporting of		-				Yes	No
(i) C		ŭ		. •		51 a (i)		х
(ii)O	ther assets			•		a (ii)		x
b Other	transactions:							
(i) S	ales or exchanges of ass	ets with a ne	oncharitable e	exempt organization		b (i)		x
	urchases of assets from					b (ii)		х
• • •	ental of facilities, equipm		•			b (iii)		x
	eimbursement arrangeme	•				b (iv)		х
	pans or loan guarantees	01110		•		b (v)		X
• •	erformance of services o	r memhersh	ın or fundraisi	na solicitations		b (vi)	-	x
	ng of facilities, equipmen		•	•	••	C		x
					blumn (b) should always show the fai organization received less than fair goods, other assets, or services recei		ue of	
(a)	(b)	Į.	(c)	1	(d)			
Line no	Amount involved	Name of	noncharitable	$exempt\ organization$	Description of transfers, transactions, a	nd sharing arra	ngemen	ts
								
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						. <u>-</u>		
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				· · · · · · · · · · · · · · · · · · ·				
52 a Is the descr	organization directly or ibed in section 501(c) of	indirectly aff the Code (o	iliated with, oi ther than sect	related to, one or mo ion 501(c)(3)) or in se	ore tax-exempt organizations ction 527?	► ☐ Ye	s X	No
b If 'Ye	s,' complete the following	schedule.						
	(a) Name of organization		Time	(b) of organization	(c) Description of relati	anaha		
	- Name of organization		туре	or organization	Description of relati	lionship		
	- -							
					1			
							-	
				 				
			 				_	
								
								
			 					
			<u> </u>		<u> </u>			

10,602.

Form 990-EZ, Part I, Line 16 Other Expenses Statement

Other expenses (describe)	
BANK CHARGES	169.
PRESIDENT'S PIN	48.
PRES. DISCRETIONARY	128.
PTA DUES & EXPENSES	1,114.
HOSPITALITY-STAFF APPRECIATION	857.
HOSPITALITY-WELCOME BACK EVENTS	318.
STUDENT ENRICHMENT-CHEMICAL AWARENESS	828.
STUDENT ENRICHMENT-READ ACROSS AMERICA	50.
STUDENT ENRICHMENT-LUNCHTIME ENRICHMENT	226.
STUDENT ENRICHMENT-PROJECT GRADUATION	100.
STUDENT ENRICHMENT-SCIENCE FAIR	113.
STUDENT ENRICHMENT-SUMMER READING	496.
STUDENT RECOGNITION-4TH GRADE T-SHIRTS	462.
STUDENT RECOGNITION-4TH GRADE LUNCH	366.
STUDENT RECREATION-4TH GRADE FIELD TRIP	1,923.
4TH GRADE YEAR BOOK	1,720.
SCHOOL IMPROVEMENTS	364.
ANNUAL FILING FEE	25.
GIFTS	540.
MISCELLANEOUS EXPENSES	755.

Form 990-EZ, Page 2, Part IV List of Officers, Etc. Statement

Total

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contribu- tions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
Business Person X MARCI BOWMAN				
305 WILLIAM STREET	PRESIDENT			
SCOTCH PLAINS NJ 07076	10.00	0.	0.	0.
Business Person X				
DAISY GANNON 2225 COLES AVENUE	V.P.			
SCOTCH PLAINS NJ 07076	10.00	0.	0.	0.
Business Person X				<u> </u>
PATTY POMPONIO			ı	
311 MONTAGUE AVNUE	2ND V.P.			
SCOTCH PLAINS NJ 07076	10.00	0.	0.	0.
Business Person X				
BETH WALSH 303 MONTAGUE AVENUE	2ND V.P.			
SCOTCH PLAINS NJ 07076	10.00	0.	0.	0.
Business Person X				-
AMY FERRONE				
2312 COLES AVENUE	TREASURER			
SCOTCH PLAINS NJ 07076	10.00	0.	0.	0.

Book Value

FMV

EVERGREEN SCHOOL PARENTS & TEACHERS ASSOCIATION 22-6069113 Continued Form 990-EZ, Page 2, Part IV List of Officers, Etc. Statement (A) Name and address (B) Title and (C) Compensa-(D) Contribu-(E) Expense average hours tion (if not paid, tions to account enter -0-) and other per week employee devoted to benefit plans allowances position and deferred compensation Business Person X KAREN NOBILE 405 WILLIAM STREET REC. SEC. SCOTCH PLAINS NJ 07076 10.00 0. 0. 0. Person MARIA CALABRIA 351 PARK VIEW DRIVE CORR. SEC. NJ 07076 0. 10.00 0. SCOTCH PLAINS 0. Form 990-EZ, Part I, Line 6 **Special Events and Activities Statement** List of Three Largest Net **Events and Type and** Gross **Less Direct** Less Gross Income **Number of Others** Receipts **Contributions** Revenue **Expenses** (Loss) BOOK FAIRS 10,014. 0. 10,014. 8,187. 1,827. TICKET SALES 9,877. 9,877. 0. 9,841. 36. TOOL BOXES 7,032. 0. 7,032. 6,887. 145. OTHER SPECIAL EVENYTS 41,788. 0. 41,788. 27,805. 13,983. Total 0. 68,711. 68,711. 52,720. 15,991. Form 990-EZ, Part I, Line 10 **Grants and Similar Amounts Paid** Purpose of Payment to Affilate STUDENT SCHOLARSHIPS Class of Activity Donee's Name and Address Donee's Relationship Amount Given X Person Business SCHOLARSHIPS SPF SCHOLARSHIP FOUNDATION SCHOOL SYSTEM **EVERGEEN AVENUE** SCOTCH PLAINS ΝJ 07076 3,375. If property other than cash was given, the following additional information needs to be provided: Description of Property Date of Gift

How Book Value Determined

How FMV Determined

Explanation Statement

Form/Line: Schedule A, Page 2, Part III

Line 3a

Explanation of: How We Determine Which Recipients Qualify to Receive Payments

OUR SCHOLARSHIPS ARE MANAGED BY THE SCOTCH PLAINS-FANWOOD

SCHOLARSHIP FOUNDATION WHICH UTILIZES THEIR CRITERIA TO DETERMINE

SCHOLARSHIP AWARDS. THE RECIPIENTS MUST HAVE ATTENDED THE

EVERGREEN ELEMETARY SCHOOL IN ORDER TO BE SCHOLARSHIP ELIGIBLE.