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Form **990-EZ****Short Form****Return of Organization Exempt From Income Tax**

OMB No 1545-1150

2008**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

- Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
- Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 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

A For the 2008 calendar year, or tax year beginning <u>5/1/2008</u> , and ending <u>4/30/2009</u>	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input checked="" type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization PTA ARIZONA CONGRESS OF PARENTS & TEACHERS INC Number and street (or P O box, if mail is not delivered to street address) Room/suite <u>26716 N HIGH DESERT DRIVE</u> City, town, or country State ZIP + 4 <u>PEORIA AZ 85383-3673</u>
D Employer identification number <u>90-0242348</u>	E Telephone number <u>623-256-6489</u>
F Group Exemption Number <u>1582</u>	

• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

G Accounting method ☒ Cash ☐ Accrual
Other (specify) ►

I Website: ► westwingpts.com

J Organization type (check only one)— ☒ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

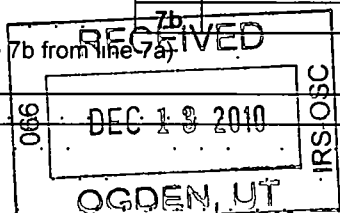
H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K 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

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ **\$ 57,184**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	<u>4,066</u>
	2 Program service revenue including government fees and contracts	2	<u>6,242</u>
	3 Membership dues and assessments	3	
	4 Investment income	4	<u>0</u>
	5a Gross amount from sale of assets other than inventory	5a	<u>0</u>
	b Less cost or other basis and sales expenses	5b	<u>0</u>
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c	<u>0</u>
	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
	a Gross revenue (not including \$ <u>0</u> of contributions reported on line 1)	6a	<u>46,876</u>
	b Less direct expenses other than fundraising expenses	6b	<u>22,868</u>
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	<u>24,008</u>	
7a Gross sales of inventory, less returns and allowances	7a		
b Less cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	<u>0</u>	
8 Other revenue (describe ►)	8	<u>0</u>	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	<u>34,316</u>	
Expenses	10 Grants and similar amounts paid (attach schedule)	10	<u>0</u>
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe ► See attached statement)	16	<u>29,358</u>
	17 Total expenses. Add lines 10 through 16	17	<u>29,358</u>
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	<u>4,958</u>
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	<u>6,166</u>
	20 Other changes in net assets or fund balances (attach explanation)	20	<u>0</u>
	21 Net assets or fund balances at end of year Combine lines 18 through 20	21	<u>11,124</u>

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	<u>6,166</u>	<u>11,124</u>
23 Land and buildings		
24 Other assets (describe ►)	<u>0</u>	<u>0</u>
25 Total assets	<u>6,166</u>	<u>11,124</u>
26 Total liabilities (describe ►)	<u>0</u>	<u>0</u>
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	<u>6,166</u>	<u>11,124</u>

For Privacy Act and Paperwork Reduction Act Notice, see the Instruction for Form 990.

(HTA)

Form **990-EZ** (2008)

SCANNED JAN 05 2011

p 13

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)**Expenses**

(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others.)

What is the organization's primary exempt purpose? SUPPORT WEST WING ELEMENTARY SCHOOL
 Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title

28 THE PTSA SUPPORTS OVER 1100 STUDENTS AND NEARLY 100 STAFF MEMBERS
 OF WEST WING SCHOOL BY PROVIDING SUPPLEMENTAL SUPPORT TO TEACHERS
 FROM FUNDS RAISED THROUGH VARIOUS ACTIVITIES AND EVENTS EACH YEAR

(Grants \$ 0) If this amount includes foreign grants, check here ☐ **28a** 28,504

29 _____

 (Grants \$ 0) If this amount includes foreign grants, check here ☐ **29a** 0

30 _____

 (Grants \$ 0) If this amount includes foreign grants, check here ☐ **30a** 0

31 Other program services (attach schedule) _____
 (Grants \$ 0) If this amount includes foreign grants, check here ☐ **31a** 0

32 Total program service expenses. (add lines 28a through 31a) **32** 28,504

Part IV List of Officers, Directors, Trustees, and Key Employees List each one even if not compensated. (See the instructions for Part IV.)

(a) Name and address			(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name <u>DIANE SHEATS</u>	Str <u>26716 N HIGH DESE</u>	Title <u>PRES</u>				
City <u>PEORIA</u>	ST <u>AZ</u> ZIP <u>85383</u>	Hr/WK <u>20 00</u>		<u>0</u>	<u>0</u>	<u>0</u>
Name <u>KIM CROWELL</u>	Str <u>26716 N HIGH DESE</u>	Title <u>TREAS</u>				
City <u>PEORIA</u>	ST <u>AZ</u> ZIP <u>85383</u>	Hr/WK <u>20 00</u>		<u>0</u>	<u>0</u>	<u>0</u>
Name <u>MEGAN MITCHELL</u>	Str <u>26716 N HIGH DESE</u>	Title <u>VP</u>				
City <u>PEORIA</u>	ST <u>AZ</u> ZIP <u>85383</u>	Hr/WK <u>5.00</u>		<u>0</u>	<u>0</u>	<u>0</u>
Name <u>AIDA DEGUTES</u>	Str <u>26716 N HIGH DESE</u>	Title <u>SECY</u>				
City <u>PEORIA</u>	ST <u>AZ</u> ZIP <u>85383</u>	Hr/WK <u>20 00</u>		<u>0</u>	<u>0</u>	<u>0</u>
Name _____	Str _____	Title _____				
City _____	ST _____ ZIP _____	Hr/WK <u>.00</u>		<u>0</u>	<u>0</u>	<u>0</u>
Name _____	Str _____	Title _____				
City _____	ST _____ ZIP _____	Hr/WK <u>.00</u>		<u>0</u>	<u>0</u>	<u>0</u>
Name _____	Str _____	Title _____				
City _____	ST _____ ZIP _____	Hr/WK <u>00</u>		<u>0</u>	<u>0</u>	<u>0</u>
Name _____	Str _____	Title _____				
City _____	ST _____ ZIP _____	Hr/WK <u>00</u>		<u>0</u>	<u>0</u>	<u>0</u>
Name _____	Str _____	Title _____				
City _____	ST _____ ZIP _____	Hr/WK <u>00</u>		<u>0</u>	<u>0</u>	<u>0</u>
Name _____	Str _____	Title _____				
City _____	ST _____ ZIP _____	Hr/WK <u>00</u>		<u>0</u>	<u>0</u>	<u>0</u>
Name _____	Str _____	Title _____				
City _____	ST _____ ZIP _____	Hr/WK <u>00</u>		<u>0</u>	<u>0</u>	<u>0</u>
Name _____	Str _____	Title _____				
City _____	ST _____ ZIP _____	Hr/WK <u>00</u>		<u>0</u>	<u>0</u>	<u>0</u>
Name _____	Str _____	Title _____				
City _____	ST _____ ZIP _____	Hr/WK <u>00</u>		<u>0</u>	<u>0</u>	<u>0</u>
Name _____	Str _____	Title _____				
City _____	ST _____ ZIP _____	Hr/WK <u>00</u>		<u>0</u>	<u>0</u>	<u>0</u>
Name _____	Str _____	Title _____				
City _____	ST _____ ZIP _____	Hr/WK <u>00</u>		<u>0</u>	<u>0</u>	<u>0</u>
Name _____	Str _____	Title _____				
City _____	ST _____ ZIP _____	Hr/WK <u>00</u>		<u>0</u>	<u>0</u>	<u>0</u>
Name _____	Str _____	Title _____				
City _____	ST _____ ZIP _____	Hr/WK <u>00</u>		<u>0</u>	<u>0</u>	<u>0</u>
Name _____	Str _____	Title _____				
City _____	ST _____ ZIP _____	Hr/WK <u>00</u>		<u>0</u>	<u>0</u>	<u>0</u>

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

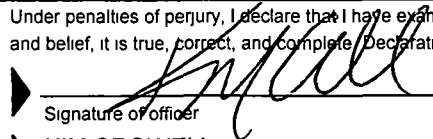
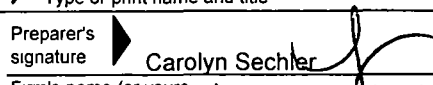
	Yes	No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	X
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	X
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	X
49 a Did the organization make any transfers to an exempt non-charitable related organization?	49a	X
b If "Yes," was the related organization(s) a section 527 organization?	49b	X

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(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
Name <u>None</u> Str _____ City _____ ST ZIP _____	Title _____ Hr/WK _____ 00	0	0	0
Name _____ Str _____ City _____ ST ZIP _____	Title _____ Hr/WK _____ 00	0	0	0
Name _____ Str _____ City _____ ST ZIP _____	Title _____ Hr/WK _____ 00	0	0	0
Name _____ Str _____ City _____ ST ZIP _____	Title _____ Hr/WK _____ 00	0	0	0
Name _____ Str _____ City _____ ST ZIP _____	Title _____ Hr/WK _____ 00	0	0	0
Total number of other employees paid over \$100,000 ▶		0	0	0

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Name <u>None</u> Str _____ City _____ ST ZIP _____		0
Name _____ Str _____ City _____ ST ZIP _____		0
Name _____ Str _____ City _____ ST ZIP _____		0
Name _____ Str _____ City _____ ST ZIP _____		0
Name _____ Str _____ City _____ ST ZIP _____		0
Total number of other independent contractors each receiving over \$100,000 . ▶		0

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	 Signature of officer KIM CROWELL Type or print name and title		Date <u>12/11/10</u> TREASURER	
Paid Preparer's Use Only	Preparer's signature 	Date <u>11/15/2010</u>	Check if self-employed <input type="checkbox"/>	Preparer's Identifying Number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP +4 <u>Sechler CPA, PC</u> <u>921 E Orange Dr, Phoenix, AZ 85014</u>	EIN <u>86-0859647</u>	Phone no <u>602-230-2700</u>	

May the IRS discuss this return with the preparer shown above? See instructions. ☒ Yes ☐ No

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)
nonexempt charitable trusts.

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

Name of the organization

PTA ARIZONA CONGRESS OF PARENTS & TEACHERS INC

Employer identification number

90-0242348

Part I Reason for Public Charity Status (All organizations must complete this part) (see instructions)

The organization is not a private foundation because it is (Please check only **one** organization.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**. (Attach Schedule H)
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state. _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☒ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% 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)**. (Complete Part III)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**. (see instructions)
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I b ☐ Type II c ☐ Type III—Functionally integrated d ☐ Type III—Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the organizations the organization supports

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
									0
									0
									0
									0
									0
									0
Total									0

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants".)	0	0	0			0
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0			0
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0			0
4 Total. Add lines 1-3	0	0	0	0	0	0
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						0

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	0	0	0	0	0	0
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	0	0	0			0
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0			0
11 Total support. Add lines 7 through 10						0
12 Gross receipts from related activities, etc. (see instructions.)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	0.00%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	0.00%
16a 33 1/3% support test—2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 33 1/3% support test—2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances-test—2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	0	0	0	0	3,674	3,674
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	0	0	0	0	53,511	53,511
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0		0
5 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0			0
6 Total. Add lines 1-5	0	0	0	0	57,185	57,185
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						0
c Add lines 7a and 7b	0	0	0	0	0	0
8 Public support (Subtract line 7c from line 6)						57,185

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	0	0	0	0	57,185	57,185
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	0	0	0	0	0	0
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0	0	0	0
13 Total support. (Add lines 9, 10c, 11, and 12)						57,185
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	100.00%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	100.00%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	0.00%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	0.00%

- 19a 33 1/3% support tests—2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ▶ ☒
- b 33 1/3% support tests—2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ▶ ☐
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ▶ ☐

Part IV

Supplemental Information. Complete this part to provide the explanation required by Part II, line 10, Part II, line 17a or 17b, or Part III, line 12. Provide any other additional information. (see instructions)

Area for supplemental information with horizontal dashed lines.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

▶ Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a

OMB No 1545-0047

2008

**Open To Public
Inspection**

Name of the organization

PTA ARIZONA CONGRESS OF PARENTS & TEACHERS INC

Employer identification number

90-0242348

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** ☐ Mail solicitations **e** ☐ Solicitation of non-government grants
b ☐ Email solicitations **f** ☐ Solicitation of government grants
c ☐ Phone solicitations **g** ☐ Special fundraising events
d ☐ In-person solicitations

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
Total				0	0	0

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		COOKIE DOUGH (event type)	ALL FUNDRAISING (event type)	4 (total number)	(Add col (a) through col (c))
Revenue	1 Gross receipts	14,904	20,287	11,685	46,876
	2 Less Charitable contributions	0	0	0	0
	3 Gross revenue (line 1 minus line 2)	14,904	20,287	11,685	46,876
Direct Expenses	4 Cash prizes	0	0	0	0
	5 Non-cash prizes	0	0	0	0
	6 Rent/facility costs	0	0	0	0
	7 Other direct expenses	8,802	13,087	979	22,868
	8 Direct expense summary Add lines 4 through 7 in column (d)				(22,868)
	9 Net income summary Combine lines 3 and 8 in column (d)				24,008

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a

	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue				
1 Gross revenue				0
Direct Expenses	2 Cash prizes			0
	3 Non-cash prizes			0
	4 Rent/facility costs			0
	5 Other direct expenses			0
	6 Volunteer labor	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No
7 Direct expense summary Add lines 2 through 5 in column (d)				(0)
8 Net gaming income summary Combine lines 1 and 7 in column (d)				0

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? _____

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? _____

b If "Yes," Explain _____

11 Does the organization operate gaming activities with nonmembers? _____

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? _____

	Yes	No
9a		
10a		
11		
12		

13 Indicate the percentage of gaming activity operated in:

- | | | |
|--|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records:

Name ►

Address ►

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?

- b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the amount of gaming revenue retained by the third party ► \$
- c** If "Yes," enter name and address

Name ►

Address ►

16 Gaming manager information

Name ►

Gaming manager compensation ► \$ 0

Description of services provided ►

☐ Director/officer☐ Employee☐ Independent contractor**17** Mandatory distributions

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$

Part II (Sch G (990/990EZ)) - Events

	Event Type	Line 1 Gross Receipts	Line 2 Less (Charitable contributions)	Line 3 Gross Revenue (line 1 minus line 2)	Line 4 Cash Prizes	Line 5 Non-cash Prizes	Line 6 Rent/Facility costs	Line 7 Other direct expenses
1	COOKIE DOUGH	14,904		14,904				8,802
2	FALL FUNDRAISING	20,287		20,287				13,087
3	BASKETS FOR BOOKS	1,586		1,586				
4	BOOK FAIR	2,527		2,527				
5	HOLIDAY EVENT	5,481		5,481				652
6	VARIOUS SMALL FUNDRAISING EVENTS	2,091		2,091				327
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								

Part I, Line 1 (990-EZ) - Contributions, Gifts, Grants and Similar Amounts Received

1	Contributions	1	3,210
2	NonCash contributions	2	
3	Membership dues and assessments (contributions from the public)	3	464
4	Government contributions (grants)	4	
5	Commercial co-venture	5	
6	Special events contributions (Line 6 - Special Events)	6	0
7	Associated organization contributions	7	
8	LOGO'D ITEMS FOR CONTRIBUTIONS TO PTA	8	392
9		9	
10		10	
11	Total	11	4,066

Part I, Line 16 (990-EZ) - Other Expenses

29,358

1	Travel, Meals and Entertainment		
	a Travel	1a	
	b Total meals and entertainment	1b	
2	Fundraising	2	
3	From Form 4562 - Amortization	3	
4	Conferences, conventions, and meetings	4	1,456
5	Depreciation, depletion, etc.	5	
6	Equipment rental and maintenance	6	
7	Interest	7	
8	Supplies	8	612
9	Telephone	9	
10	Unrelated business income taxes	10	0
11	BANK FEES	11	468
12	CONTINGENCY	12	2,829
13	HONOR ROLL LUNCHES	13	1,166
14	MOVIE NIGHTS	14	649
15	PTA NEWSLETTER	15	158
16	STAFF APPRECIATION	16	3,361
17	SCHOOL & CLASSROOM SUPPLIES	17	10,605
18	SCHOOL & PTA SUPPLIES	18	4,435
19	COPY CATS	19	81
20	EDUCATION	20	285
21	FIELD DAY	21	34
22	PTA INSURANCE	22	275
23	MEMBERSHIP DUES	23	262
24	T-SHIRT EXPENSE	24	2,558
25	WEBSITE	25	124
26		26	