

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



	Form 990-EZ (2008)					Page Z
-	Part III Statement of Program Service Accom	plishments (See the inst	ructions for Part-I	II.)		Expenses
-	What is the organization's primary exempt purpose?	TA- Enhance Stu	dent Leasning a	t school_		ured for 501(c)(3) (4) organizations
	Describe what was achieved in carrying out the organization	ation's exempt purposes. It	n a clear and conc	ise manner,	and	4947(a)(1) trusts;
-	describe the services provided, the number of persons ber	nefited, or other relevant info	ormation for each pr	ogram title.	optio	nal for others)
	28 Programs(SOL)					
	Special learning Broacci	ns including o	Cold Ful) +10	l i	
	the Visa nia Aquasium, "Build		3(\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	·		77
-			, horo		28a	3,275
<u>(</u> `→ 	1	udes foreign grants, check	r nere	· <u> </u>	208	3,275 : \$545
j ₌ _	29 AR Store	######################################	<i>1</i>			- <u>† 187</u> 7
	Service Is Students		, , , =		•	· · · · · · · · · · · · · · · · · · ·
					l. i	
		udes foreign grants, check	<u> here </u>	<u>. ▶ ∐</u>	29a	206
	30 Special Me/Principle of American Citizenship		-			
	Student recognition Gr	out Standing	effort, or		i I	_
	demossiation of values	J				
-		udes foreign grants, check	chere	▶ □	30a	- 407
	31 Other program services (attach schedule)					_
		udes foreign grants, check	here	▶ □	31a	940
	32 Total program service expenses (add lines 28a th		V 11010	·	32	4,827
	Part IV List of Officers, Directors, Trustees, and Key		on if not components	d (Coo tho in		
	List of Officers, Directors, Trustees, and Key		(c) Compensation	(d) Contributio		(e) Expense
	(a) Name and address	(b) Title and average hours per week	(If not paid,	employee benefit	plans &	account and
		devoted to position	enter -0)	deferred comper	isation	other allowances
	Dense Thornton	President	_ 1			_
	2201 Centerville Tumpike 23464	5-10 hours	0		0	0
	Diane Harmon	15t Vice Pres			-	
	2201 Centerville Tampike, 23464	5-10 hours	- 0	-	0	. 0
	T-1)+ha 1/ chi2/5	27d V. P				
	2201 Con HIV/le Tulno/6, 23464	10-20 hours	0		0	0
	Allen Hactgraves	Treasurer:				
		1 1 1 1 1	0		0	, U
	5472 Society (n, 23464	1100112				0
	Raquel Taylor	secretary	0		O	U
	2201 Centerville Turnyike, 23464	5-10 hours				
	V	1			l	
	·					
					ŀ	-
	_	-			 	
				[l	
						
		1	-	_	ļ	_
						
		4		İ	- 1	
			ļ			
		_	_		-	
					j	
				ļ	ĺ	
			-			
:-	1'	1.	-		ļ	
महास्तर है.	••.		,			
	The state of the s	विद्याना न द्वारा है । इंद्याना नाव्हे क्रान्स्य ।	1 2 c . 1 Taning		<u>: vā pē</u>	
л толсьва!-			, Trans.			
F1 [-11]		= 1016 EG4 - 15- 1 = 1		55 5 5 5 1 2 2	10 25	AR- Interceber
- - -	The second secon	=				
			<u>-</u> _			
-		1		<u> </u>		i
				}	_	
		-	1			-
	_	1		-		
		<u></u>				orm 990-EZ (2008)
_ , [5],a	The second secon				F	
-		=	- '	**		_
						- -

Pa	Other Information (Note the statement requirements in the instructions for Part VI.)	· ,		
*****			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		✓
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34	•	√
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		13 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	
а	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	35a	17.	- 57 51
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	36		- 🗸
	Enter amount of political expenditures, direct or indirect, as described in the instructions. [37a] 0 Did the organization file Form 1120-POL for this year?	37b	<u>Cod</u>	
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	阿爾		E STATE
	any such loans made in a prior year and still unpaid at the start of the period covered by this return? If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b	38a	当水が	✓
39	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 \blacktriangleright			新城
b	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction	'		-
	during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I	40b	-	✓_
С	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Enter amount of tax on line 40c reimbursed by the organization			建筑
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.	40e		
41	List the states with which a copy of this return is filed. ▶ <u>Virginia</u>			
42a	The books are in care of \triangleright R Allen Hartgraves Telephone no. \triangleright (757)) 630	2-6	<u>597.</u>
	Located at ► 5472 Society Lave Viging Beach, VA, 23464 ZIP + 4 ► 236	464.		
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		Yes	No
	account)?	42b	CENT EN	Was New
	If "Yes," enter the name of the foreign country: ►			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		企业	
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	<u> </u>	
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		_	
	and enter the amount of tax-exempt interest received or accrued during the tax year			
			Vac	No
 44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of		Tes A	No
-	Form 990-EZ	44	10/8/24/24	NAME:
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If Errm 990 must be completed instead of Form 990-EZ	45		
<u> </u>		orm 99	0-EZ	(2008)
-	The first state of the state of	1.5	` ⁻	II-

Part V	Section 501(c)(3) organizations only and complete the tables for lines 50 a	iiu Ji	12 12 12 12 12 12 12 12 12 12 12 12 12		- ++	
6 Did	the organization engage in direct or indirect p				Y	es No
can	didates for public office? If "Yes," complete S	Schedule C, Part I			46	-1
	the organization engage in lobbying activities		•		47	
	he organization operating a school as describe				48	1
	the organization make any transfers to an exe				49a	11
	Yes," was the related organization(s) a section				49b	
0 Cor	mplete this table for the five highest compensate highest dominate than \$100,000 of compensate	ated employees (other	than officers, directo	ors, trustees and key	y employ	ees) who
(a	Name and address of each employee paid more	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Ex accourt other allo	nt and
۱A	_		_			
		= = = =		-		
		-			-	 -
					<u></u>	
	where of other employees need ever £100,000 🛌	.1	1			
1 Co	mber of other employees paid over \$100,000 pmplete this table for the five highest compensation from the organization. If there is no (a) Name and address of each independent contractor	ated independent controne, enter "None."	- - १८ ^९ जेती भाव	_	(c) Comp	
i Co	mplete this table for the five highest compension mpensation from the organization. If there is no	ated independent controne, enter "None."	(b)	GG	: 	
1 Cor	mplete this table for the five highest compensation from the organization. If there is no (a) Name and address of each independent contractor	ated independent controne, enter "None." paid more than \$100,000	(b)	GG	: 	
1 Cor	mplete this table for the five highest compension mpensation from the organization. If there is no (a) Name and address of each independent contractor	ated independent controne, enter "None." paid more than \$100,000	(b)	GG	: 	
1 Cor	mplete this table for the five highest compensation from the organization. If there is no (a) Name and address of each independent contractor	ated independent controne, enter "None." paid more than \$100,000	(b)	GG	: 	·
Cor	mplete this table for the five highest compensation from the organization. If there is not all Name and address of each independent contractor	ated independent controne, enter "None." paid more than \$100,000	(b)	GG	: 	
1 Cor	mplete this table for the five highest compensation from the organization. If there is not all Name and address of each independent contractor	ated independent controne, enter "None." paid more than \$100,000	(b)	GG	: 	
1 Cor	mplete this table for the five highest compensation from the organization. If there is not all Name and address of each independent contractor	ated independent controne, enter "None." paid more than \$100,000 ecciving over \$100,000 ined this return, including acc	(b)	Type of service	(c) Comp	ensation
1 Corcor	mplete this table for the five highest compensation pensation from the organization. If there is no (a) Name and address of each independent contractor mber of other independent contractors each reduced to the contractor of the contractors of pensities	ated independent controne, enter "None." paid more than \$100,000 ecciving over \$100,000 ined this return, including acc	(b)	Type of service Indicate the service of ser	(c) Comp	ensation
NA Total nu	mplete this table for the five highest compensation from the organization. If there is no (a) Name and address of each independent contractor mber of other independent contractors each in Under penalties of perjury, I declare that I have example to the contractors of perjury, I declare that I have example to the contractors of perjury, I declare that I have example to the contractors of perjury, I declare that I have example to the contractors of perjury, I declare that I have example to the contractors of perjury in the contractors.	eceiving over \$100,000 ined this return, including action of preparer (other than o	(b) (companying schedules ar fficer) is based on all info	Type of service	(c) Comp	ensation
otal nu	mplete this table for the five highest compensation from the organization. If there is no compensation from the organization of the o	eceiving over \$100,000 ined this return, including action of preparer (other than o	(b) (companying schedules ar fficer) is based on all info	Type of service Type of service Indicate the service of service	(c) Composite best of my er has any	ensation knowledge knowledge
otal nu	mplete this table for the five highest compensation from the organization. If there is not personal interest of each independent contractor (a) Name and address of each independent contractor (b) Name and address of each independent contractor (c) Name and address of each indep	eceiving over \$100,000 ined this return, including action of preparer (other than other).	(b) (companying schedules are fficer) is based on all info	Type of service Type of service Indicate the service of service	best of my er has any	knowledge knowledge
NA Total nu Sign Here	mplete this table for the five highest compensation from the organization. If there is not mpensation from the organization from the organization. If there is no mpensation from the organization from the or	eceiving over \$100,000 ined this return, including action of preparer (other than other).	te 4 0 Check if-self-employed	Type of service Indicate the property of the	best of my er has any g Number (Sec)	knowledge knowledge
otal nu Sign Here	mplete this table for the five highest compensation from the organization. If there is not personal interest of each independent contractor (a) Name and address of each independent contractor (b) Name and address of each independent contractor (c) Name and address of each indep	eceiving over \$100,000 ined this return, including action of preparer (other than other).	te 4 0 Check if-self-employed	Type of service Indicate the property of the	best of my er has any g Number (Sec)	knowledg knowledg

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Employer identification number Name of the organization 1360014 Centerville Elementary PTA 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.) 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 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 exempt functions-subject to certain exceptions, and (2) no more than 33% % 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) 10 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) 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 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) 11g(i) and (iii) below, the governing body of the supported organization? 11g(ii) (ii) A family member of a person described in (i) above? 11g(iii) Provide the following information about the organizations the organization supports.

(i) Name of supported organization	organization (described on lines 1-9		in col. (i) listed in your governing document?		the organization in		organization in col (i) organized in the U.S.?		support
			Yes	No	Yes	No	Yes	No	
						'	-	,	
			 						
			l _				-		1
\$	27750 2- - 27750 2- - 2750	A STATE OF THE STA	-12-7					1.12°	
	T = 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 =		-2 ·		EL SIF.				
						. —			
	THE WAS LESS THE WAY	Marine Strategy of the Strateg	TO THE STATE OF TH		新发展发展	SHOW AND THE	47-357-357-38 47-357-357-38		

Sche	dule A (Form 990 or 990-EZ) 2008—	-	,		· * **********************************		Page 2
Par	Support Schedule for Org (Complete only if you ched	ganizations I ked the box	Described in on line 5, 7,	Sections 17 or 8 of Part I	0(b)(1)(A)(iv)	and 170(b)(1)(A)(vi)
Sec	tion A. Public Support -				· -	-	
Ca	lendar 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.")=			7	,, que (197)	\$10-7s	;- ;- ;-
2	Tax revenues levied for the organization's benefit and either paid to organization's its behalf	1,74		n- Fave production of the prod	1,000	<u> </u>	
3	The value of services or facilities furnished by a governmental unit to the organization without charge			-		1	·
4 · 5	Total. Add lines 1-3						
6_	Public support. Subtract line 5 from line 4.	是於其實際的	至二點 海绵湖	在一個物學的		自己的政治	
	tion B. Total Support	-		,			
Ca	llendar year (or fiscal year beginning in) 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends; payments received on securities loans, rents, royalties and income from similar sources	-	-			-	-
9 - -	Net income from unrelated business activities, whether or not the business is regularly carried on			<u>-</u> _	τ.	- <u>.</u> <u>.</u> .	1 - 5
10 ⁻	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	_			y		
11	Total support. Add lines 7 through 10 .	地區都屬部畫	學的經濟的學學	VIEW THE REAL PROPERTY.	1990年1998	操作,是特定	
12	Gross receipts from related activities, etc.	c (see instruction	ons)			12	
13	First five years. If the Form 990 is for organization, check this box and stop he	ere <u></u>	<u> </u>	nd, third, fourth	n, or fifth tax y	ear as a sectio	n 501(c)(3)
<u>Sec</u>	tion C. Computation of Public Su	pport Perce	ntage			·	
14	Public support percentage for 2008 (line	6, column (f) di	ivided by line 1	1, column (f))		14	<u> </u>
15	Public support percentage from 2007 Sc					15	<u> %</u>
16a	331/2 % support test - 2008. If the organ	ization did not	check the box of	on line 13, and	line 14 is 331/4 9	% or more, chec	ck this box
 b	and stop here. The organization qualifies 33% % support test—2007. If the organ	s as a publicly : ization did not (supported orga check a box on	nization line 13 or 16a,	and line 15 is		check this
	box and stop here. The organization qua	•		_			
17a -	10%-facts-and-circumstances test—20 more, and if the organization meets the "						

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization....

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

Private foundation-If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . .

Par	Support Schedule for Orga (Complete only if you checke	nizations De	scribed in S	Section 509(a		Francisco	
	tion A. Public Support	ed the box of	Tille 9 Of Fa			7,1 35306	
	llendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include	(a) 2004	(b) 2003	2000 (O) 2000	- 've.5	13	
<u>⇒</u> <u>-</u> 2 -	any "unusual grants.") : =			37 - 1- IS*&	Toward St. 1887	3,091	3,091
	Esold or services performed or facilities furnished in any activity that is related to the organization's tax-exempt purpose. ▼ □ □	2 6 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	100000000000000000000000000000000000000	SOLU CATSULVICE	s perconnect	्राह्मीयुर् सहर्मे हैं 25,293	25,293
3	Gross receipts from activities that are not an unrelated trade or business under section 513		-		·		
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf				-	-, '-	
5	The value of services or facilities furnished by a governmental unit to the organization without charge				-	-	
6	Total. Add lines 1-5			 	<u> </u>	 	
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .			-		_ ^ -	
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			ļ		<u> </u>	
С	Add lines 7a and 7b	<u> </u>		ļ		<u> </u>	
8	Public support (Subtract line 7c from line 6)	心态學系統對	严禁温度的			化的数据	28,384
	tion B. Total Support		<u></u>				*
. Ca	alendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				_	27	27
- b		-	_			-	
С	Add lines 10a and 10b					27	27
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on			Li Lii Paren	200 mess 3 - 4 2 m 	*(5)***********************************	- -
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)		_	7 : " J. 3 = "	- ,-	2 72 5	-
13	Total support. (Add lines 9, 10c, 11, and 12)		700世界世界區	TOTAL STREET			28,411
14	First five years. If the Form 990 is for organization, check this box and stop		on's first, seco	nd, third, fourt	h, or fifth tax y	/ear as a-section	in 501(č)(3) □ □ □
Sec	tion C. Computation of Public Su	pport Perce	ntages		DESTRICT.	Signification and the	e President
⊒₹16‴.	Public support percentage for 2008 (lin	Schedule A, P	art-IV-A,∃liņe-∠	/ /g 神景表示。	(f))ecs:::3:10	15	99.9 %
Sec	tion D. Computation of Investme	nt Income P	ercentage -	Pierre Te errer	maiaran as		
17	Investment income percentage for 200					17	
18	Investment Income percentage from 2					18	%
19a	33\% % support tests - 2008. If the org 17 is not more than 33\% %, check this b	janization did n	ot check the b	oox on line 14,			
b	33\% % support tests—2007. If the orgal line 18 is not more than 33\% %, check th	nization did not	check a box o	n line 14 or line	19a, and line	16 is more than	331/3 %, and
<u> 20 -</u>	Private foundation. If the organization	did not check	_		o, check this b	ox and see inst	tructions ► □
		:7	-		Sch	edule A (Form 990	Jor 990=EZ) 2008

		-		
Centervi	11 -	Flomor	stanı	$DT\Delta$
(antarvi	пρ		แสเข	Γ
COCHICIAL	\cdots		,	

52-1360014

Form 990-EZ Supporting Schedules

Line	10:
------	-----

Scholarship

1,010

Line 31:

5th Grade Events DARE support

146 793 939

0425876265

_May 25, 2010 LTR 2695C 0 R 52-1360014 200912 67

00015604

CENTERVILLE ELEMENTARY PTA 2201 CENTERVILLE TURNPIKE VIRGINIA BEACH VA 23464

DECLARATION

001303

Under penalties of perjury, I declare that I have examined the return identified in this letter, including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I understand that this declaration will become a permanent part of that return.

Signature of officer or trustee

Date

Treasurer

Title