

# 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



## **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 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 \$500,000 and total assets less than \$1,250,000 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

2009

Open to Public Inspection

		he Treasury		assets less than  The organization may have	\$1,250,000 at the end of to to use a copy of this return			nents.		Inspe	ction
_	al Revenu		ar vear	or tax year beginning	July 1	<del></del>	and ending		une 30		, 20 10
_			Please	C Name of organization	- Vuly 1	, 2000,	and one a				
_	Check if ap Address of	,	use IRS		'A			D Employer identification number 52-1360014			
=	Name cha		label or print or	Centerville Elementary PT  Number and street (or P.O box		o etroet addrese)	Room/suite	E Telen	hone numb		<del></del>
=	Instial retur	-	type.	1	t, ii iian is not delivered (t	o saect address)	Noonvalle	Liesep			
	Terminate	d	See Specific	2201 Centerville TRKE  City or town, state or country,	and 7ID + 4		L			48-2200	
=	Amended		Instruc-		3N 2JF + 4			1	p Exemp	tion	
$\Box$		n pending	tions.	Virginia Beach, VA 23464					ber ▶		3229
	<ul><li>Sect</li></ul>	ion 501(c)(3)		zations and 4947(a)(1) none		sts must attach	i	•		'∐ Cash I	Accrual
			a cor	mpleted Schedule A (Form	990 or 990-E2).			(specify)			
									f the orga		
	Vebsit						— ı ·			dule B (F	orm 990,
<u>J 1</u>	ax-exe	mpt status (	check o	nly one) - 🗸 501(c) ( 3 )		7(a)(1) or 5	27 990-E	Z, or 990	)-PF).	<del> </del>	
K	Check 🕨	► ☐ ifth	e organi	zation is not a section 509(a)	(3) supporting organizat	tion <b>and</b> its gros	s receipts are	normally :	not more	than \$25	,000. A
				turn is not required, but if th	<del></del>				ete returr	1.	
_	_			e 9 to determine gross receipts					\$		41,043.42
P	art I			enses, and Changes		Fund Balanc	es (See the	instruc	ctions fo	or Part	1.)
	1	Contribution	ons, gif	ts, grants, and similar am	evnts received )			[	1		545
<u></u>	2	Program se	ervice ı	revenue including governi	ment fees and contra	acts		[	2		
70 III	3	Membersh	ip due:	s and assessments.		입		[	3		1,270
V	4	Investment	t incom	ne   😽 . U(	CT 1 8 2010.			[	4		13
a	5a	Gross amo	ount fro	m sale of assets other the	an inventory .	. 5a					
€	b	Less: cost	or othe	er basis and sales expens	esticini. Pust.	5b			j		
~	c										
≅ 9	6										
⊸ €	а	•			of contrib				1		
Revenue Revenue		reported o				6a	1				
<b>三</b>	Ь	•		nses other than fundraisir							
<b>a</b>	C			ss) from special events ar		t line 6b from	line 6a)		6c		
<u></u>	7a			ventory, less returns and a			ĺ				
(D)	b	Less: cost		•		7b					
	c		_	ss) from sales of inventor	v (Subtract line 7b fr	rom line 7a)			7c		
	8	Other reve			, (000000000000000000000000000000000000			,	8		39,216
	9		-	dd lines 1, 2, 3, 4, 5c, 6c,	7c. and 8				9		41,044
	10			er amounts paid (attach so					10		1,013
	11								11		
60	12	•		empensation, and employ				٠ . ا	12		
enses	13	-		and other payments to in					13		
Тeх	•			utilities, and maintenance	•				14		
Expe	15		-	ions, postage, and shippi					15		-
	16			describe Fundraising					16		39,957
	17			Add lines 10 through 16				— <u>'</u>	17		40,970
_	18	Evenes or	(defect	) for the year (Subtract lin	9 17 from line (1)	<del></del>	<del>:</del>		18		74
Net Assets	19			nd balances at beginning					-5  -		
88	'3			e reported on prior year's					10 l		
4	200	-	•		•				19 20		
ž	20		_	net assets or fund balance	•	-					
<b>—</b>	<b>21</b> art			d balances at end of year ets. If Total assets on line			more file Fo		21	of Form	000_F7
	ei ( II	DalaiiC	C 01161	(See the instructions for		ψ1,230,000 UI		ginning of			of year
_				· ·			<u> </u>	<del></del>	<del>-</del>		
2		_		nvestments					5,377 22		5,451
2									23		
24				pe ▶			–) ├──		24	<del></del>	
2					• • • • • •		·		25	<del></del>	
2		otal liabilitie		cnbe ► balances (line 27 of colur	nn (P) muct cares	ith line 21\	–)		26	<del>•</del>	E 454
2	, ru	ここ はらさせばら ロト	TUITO I	varances (iine 27 or colur	ını (D) <b>must</b> agree W	iuimitzi) .	- 1		5,377 27	1	5,451

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** 

						1 age =		
Part	III Statement of Program Service Accom	<b>plishments</b> (See the instr	uctions for Part III	.)		Expenses		
What is the organization's primary exempt purpose? PTA - Enhance student learning at school. (Re								
Desc		(3) and 501(c)(4)						
		zations and section a)(1) trusts; optional						
	er, describe the services provided, the number of program title.				for oth	ay(1) urusts; opuonau ners.)		
	Programs(SOL)			<del></del>				
28								
	Special learning programs to help students with SOL	_5. 						
	<del>*</del>	includes foreign grants, che	eck here	<u>. ▶ ⊔</u>	28a	3,850		
29	Special Me/ Principles of American Citizenship							
	Student recognition for outstanding effort or demon	stration of values.						
	(Grants \$ ) If this amount	includes foreign grants, che	eck here	. ▶ 🗆	29a	628		
30	AR Store							
	Reading and comprehension incentives.							
					1			
	(Grants \$ ) If this amount	includes foreign grants, che	ock here	▶ □	30a	404		
24	Other program services (attach schedule)	moiddes foreign grants, em	SORTICIO	· · ·				
31	• •	includes foreign grants, che	ok horo		31a	1,161		
22	Total program service expenses (add lines 28a t		ck nere	. • 📖	32	6,043		
Pari								
rai	List of Officers, Directors, Trustees, and Rej	(b) Title and average	(c) Compensation	(d) Contributio		(e) Expense		
	(a) Name and address	hours per week	(If not paid,	employee benefit	plans &	account and		
		devoted to position	enter -0)	deferred comper	nsation	other allowances		
Dç	enise Thoston	PTA President						
<u> </u>	201 Centerville Turngle 23464		0		0	0		
70	abitha Nicols	PTA Vice President						
6	2201 Certeville Tuinoike 23464	TA Vice Freshdenk	0		0	0		
f	Raquel Taylor	PTA Secretary						
	2201 Centerville Turnsike 23464	PTA Secretary	o l		0	0		
	llen Hastasava							
54	72 Society Lane, Viginia Book UA 254	PTA Treasurer	o		0	0		
	The society content to the society of the							
		1						
		1						
						<del></del>		
			-					
						<del></del>		
<del></del> -								
		1						
	,							
		-						
		-						
	-					<u> </u>		
		.						
		<u> </u>	<u> </u>					
		1						

Form 99	0-EZ (2009)		P	age 3
Part	Other Information (Note the statement requirements in the instructions for Part V.)			
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	Yes	No ✓
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		<b>✓</b>
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		✓
ь 36	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?	35b 36		<b>√</b>
37a b 38a	Enter amount of political expenditures, direct or indirect, as described in the instructions.   Did the organization file Form 1120-POL for this year?	37b 38a		<b>√</b>
b 39 a b 40a	If "Yes," complete Schedule L, Part II and enter the total amount involved			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		✓
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
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 42a b	List the states with which a copy of this return is filed. Virginia  The organization's books are in care of Heather Cavanagh Telephone no. 757  Located at 12 Ferrier Ct., Virginia Beach VA 2  At any time during the calendar year, did the organization have an interest in or a signature or other authority	1-87 346	<b>4</b>	
	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No ✓
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		_✓
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		. I	<b>▶</b> □
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	Yes	No ✓
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ.	45		<u>✓</u>
	For	m <b>99</b> (	)-EZ	(2009)

Part \	Section 501(c)(3) organizations and s 501(c)(3) organizations and section 494 and complete the tables for lines 50 an	ection 4947(a)(1) nonex 7(a)(1) nonexempt charited d 51.	empt charita able trusts mu	ble trusts only. A st answer questio	II sec ons 46	tion 5–49l	 o
	Did the organization engage in direct or indirect					Yes	No
	candidates for public office? If "Yes," complete S				46		1
	Did the organization engage in lobbying activities				47		✓
	Is the organization a school as described in sectio				48		<b>√</b>
	Did the organization make any transfers to an ex-				49a		1
-	If "Yes," was the related organization a section 5	•			49b		<b>✓</b>
	Complete this table for the organization's five his						
	employees) who each received more than \$100,0	(b) Title and average	(c) Compensation			Expen	
	(a) Name and address of each employee paid more than \$100,000	hours per week devoted to position	(of compensation	employee benefit plans & deferred compensation	àc	cxperi count a allowa	ınd
NONE			· · · · · · · · · · · · · · · · · · ·				
	Total number of other employees paid over \$100				L		
	(a) Name and address of each independent contractor	paid more than \$100,000	(b) T	ype of service	(c) Cor	npensa	ation
NONE					•		
				· - · · · · · · · · · · · · · · · · · ·			
<u>d</u>	Total number of other independent contractors e	each receiving over \$100.00	0				
		<del></del>					
	Under penalties of perjury, I declare that I have examine and belief, it is true, correct, and complete. Declaration	of preparer (other than officer) is ba	ing schedules and s ased on all information	natements, and to the bes	any kno	wiedg	eage e
Sign Here	The aller Hartgraves 15 Sept						
	Signature of officer  R. Allen Hartgram  Type or print name and title	aves, Trea	wayer	Date			
Paid	Preparer's signature	Arahy Date 7/19/1	Check if self- employed ▶	Preparer's identifying nur		e instruc	zions)
Prepar	rimi sname (or L. Danetta M. Jankos Po	7		EIN ▶			
Use Or	yours if self-employed), address, and ZIP + 4 961 Josephine Cresce	nt Virginia Beach, VA 23464			7-572-	7484	
May th	e IRS discuss this return with the preparer shown	above? See instructions			Yes		No
				Fo	m <u>9</u> 9	D-EZ	(2009)

### SCHEDULE A (Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047
2009
Open to Public

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Cer	iter	<u>ille Elementa</u>	ary PTA						52 ;	1	1360014	
Pa	rt I	Reason	for Public Ch	arity Status (All org	ganizatio	ons mus	t comple	ete this	part.) Se	e instru	ctions.	
îhe	oros	inization is no	ot a private foun	dation because it is: (	For lines	1 through		eck only	one box.	)		
1	_		•	rches, or association		_						
2		-		n 170(b)(1)(A)(ii). (Att					\- /\ - /\	717-		
3	Π			nospital service organ			in sectio	n 170(h)/	(iii)(A)(t)			
4		A medical re	•	tion operated in conj	unction v		spital de	scribed (	n section	170(b)(1	)(A)(iii). Enter	the
5		An organizat	-	the benefit of a collect							l unit describe	ed in
6	П			emment or governme	ntal unit	describe	d in sect	ion 170(t	o)(1)(A)(v)	١.		
7	$\overline{\Box}$	•		receives a substantia				-			the general pi	ıblic
•	_	-	_	1)(A)(vi). (Complete P		ouppo		9010			goo.a p.	
8	П			in section 170(b)(1)		Complete	Part II.)					
9	$\overline{Z}$		•	receives: (1) more that		-	-	m contrib	utions. m	nembersh	ip fees, and q	ross
•	-	_		ed to its exempt funct								
				ent income and unrel								
				after June 30, 1975.						•		
10	П	An organizat	ion organized ar	nd operated exclusive	ly to test	t for publ	ic safety.	See sec	tion 509	(a)(4).		
11	$\Box$			nd operated exclusiv							r to carry out	the
•	_			olicly supported organ								
				t describes the type								
		a 🗌 Type	_			e IIIFun					Type III-Oth	er
۵				ify that the organizat			•	-			· ·	
Ŭ	_			n managers and other								
		•	section 509(a)(2)	-			<b>,</b>	pp	<b>J</b>			
f				a written determinati	on from	the IRS	that it ie	a Type I	Type II	or Type	III supportin	<b>a</b>
•		-	check this box		011 110111		mat it is	a Type	i, rype ii	, or Type	in supportin	9 [
_		•	•	the organization acce	· · · Inted anv	 . aift or c	 ontributio	no from a	nv of the			
g		following per		the organization door	piod un,	giit oi o	O, III IDGII	),, ,, O,,,, G	ary 01 tale	•		
		٠.		r indirectly controls, e	other alo	ne or too	ether wit	h nerson	s descril	ned in (ii)	Yes	No
				ning body of the supp				iii persor	acsoni	JCG III (II)	11g(i)	
				rson described in (i) a		3				• • •	11g(ii)	
				of a person described		(ii) above	?				11g(iii)	
h				ation about the suppo							<u> </u>	
	Nam	e of supported	(ii) EIN	(iii) Type of organization		organization		ou notify	(vi)	s the	(vii) Amount	of
.,		janization	,,	(described on lines 1-9		sted in your		nization in	organization in col		support	
				above or IRC section (see instructions))	governing	document?		of your port?		zed in the i S?		
					Yes	No	Yes	No	Yes	No		
									]			
							_					
							-					
						<del>                                     </del>		ļ		-		
		'										
			<u> </u>			<del> </del>	<b> </b>		ļ			

**Total** 

Par	(Complete only if you chec	ked the box	on line 5, 7,	or 8 of Part I	U(D)(1)(A)(iv) .)	and 170(b)	(1)(A)(vi) 
	tion A. Public Support	(0) 0005	(h) 0000	(-) 0007	(4) 0000	(-) 0000	(D T ) )
Ca	lendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3					ļ	<del> </del>
5 6	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) Public support. Subtract line 5 from line 4.						
$\overline{}$	tion B. Total Support	1	<u></u>		1	<u>'</u>	
	lendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4		1				
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		<del> </del>				
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10 .	l				<del> </del>	
12	Gross receipts from related activities, etc	: (see instructi	ons)			12	<del> </del>
13	First five years. If the Form 990 is for organization, check this box and stop he	ere	<u> </u>	nd, third, fourth	n, or fifth tax y	ear as a sec	tion 501(c)(3)
Sec	tion C. Computation of Public Su						
14	Public support percentage for 2009 (line		-	,,,		14	<u>%</u>
15	Public support percentage from 2008 Sci	•				15	%
16a	and stop here. The organization qualifies	as a publicly	supported orga	nization			▶[
b	33% % support test—2008. If the organi box and stop here. The organization qua						
17a	10%-facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circum organization meets the "facts-and-circum	acts-and-circu	mstances" test,	check this box	and stop here	. Explain in Pa	rt IV how the
b	10%-facts-and-circumstances test – 2008 more, and if the organization meets the "facts-and-circumstance private for modeling. If the organization did	facts-and-circur ances" test. The	nstances" test, e organization qu	check this box alifies as a publi	and <b>stop here.</b> cly supported o	Explain in Parganization .	rt IV how the
18	Private foundation. If the organization did	a not check a D	ozoninie is, it	a, 100, 1/a, 0r	i / D, CHECK TAIS	nox and see ii	istructions >

. . . .

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.)

Sec	tion A. Public Support				<del> </del>		
	lendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")				3,091	1,815	4,906
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				25,293	39,216	64,509
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				28,384	41,031	69,415
6	Total. Add lines 1 through 5				26,364	41,031	05,415
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 \$5,000 or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						<del></del>
8	Public support (Subtract line 7c from line 6.)						
	tion B. Total Support alendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
		(a) 2005	(b) 2000	(6) 2007	28,384	41,031	69,415
9 10a	Amounts from line 6				27	13	40
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975					:	
С 11	Add lines 10a and 10b						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,			:	28,411	41,044	69,455
14	and 12.)					ear as a section	on 501(c)(3)
Sec	tion C. Computation of Public Su			_			
15	Public support percentage for 2009 (lin					15	99.97 %
16	Public support percentage from 2008 S			<u> </u>	<u>.</u>	16	99.9 %
Sec	tion D. Computation of Investmen					1	92 0
17	Investment income percentage for 200	•		-		17 18	.1 %
18	Investment income percentage from 20						
19a	33% % support tests – 2009. If the org. 17 is not more than 33% %, check this b						
þ	33% % support tests—2008. If the organ line 18 is not more than 33% %, check this	nization did not	check a box of	n line 14 or line	19a, and line 10	6 is more than	33/3 %, and
<u>20</u>	Private foundation. If the organization	did not check	a box on line	14, 19a, or 19t			ructions ▶ □

# Centerville Elementary PTA

52-1360014

Form 990-EZ

Line 10:

Scholarships 1,013

Line 31:

DARE support	715
Bingo	375
5th Grade Events	71
•	1161