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Short Form Return of Organization Exempt From Income Tax

2009

OMB No. 1545-1150

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

Sponsoning 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.

Open to Public Inspection

Department of the Treasury

_		- 0000II			•					- 20 .	_
			ar year,		y, and	ending		INE 30			0
		ina IDC				D Emplo	-	ntification			
_	Address Name c	change	label or lab					-1526094			
=	Instial re	pulsed Named and description and description of the			E Teleph	one nu	mber				
=	Termina	see 1860 Sandbridge Rd					757	-648-356	0		
	Amende	ed return	Specific Instruc-	City or town, state or country, and ZIP + 4			F Grou	p Exem	ption		
	Applicat	tion pending	tions.	Virginia Beach, VA 23456-4018			Num	ber 🕨		3229	
	• Se	ction 501(c)(3)	organiz	ations and 4947(a)(1) nonexempt charitable trusts must atta	ch	G Accou	nting Me	thod:	✓ Cash	Accr	ual
	a completed Schedule A (Form 990 or 990-EZ). Other (specify)										
	H Check ► ☑ if								ganizatioi	n is not	
	Website: ▶ www.redmilles.vbschools.com/pta.htm required to atta										n
-	J Tax-exempt status (check only one) — ✓ 501(c) (3) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527 990-EZ, or 990									(1 01111 050	٥,
_									o than fo	E 000 A	
	Check		•	zation is not a section 509(a)(3) supporting organization and its graphs is not required. But if the organization shapes to file a return		•	•			5,000. A	
				rum is not required, but if the organization chooses to file a return to the determinant of the control of the				ete rett	<u>rn.</u>	70.5	
				9 to determine gross receipts; if \$500,000 or more, file Form 990 ins				s	for Dod	73,5	35.
P	art i		-	enses, and Changes in Net Assets or Fund Balar	nces	(See the	Instruc		tor Pan		
	1			s, grants, and similar amounts received			• •	1		9,3	<u>351.</u>
	2	Program s	ervice r	evenue including government fees and contracts			· ·	2			
	3	Membersh	ip dues	and assessments				3		3,5	525.
	4	Investmen	t incom	e	٠, ٠		[4			91.
	5a	Gross amo	ount fro	m sale of assets other than inventory 5	a			¥			
	b	Less: cost	or othe	r basis and sales expenses	ь						
	0	Gain or (lo	ss) fron	sale of assets other than inventory (Subtract line 5b fron	n line	5a)		5c			
9	6	Special event	s and act	rvities (complete applicable parts of Schedule G). If any amount is from ga	aming,	check here	• □ [
ē	la	a Gross revenue (not including \$ 9,351. of contributions									
Revenue		reported on line 1)									
-	l t	•		nses other than fundraising expenses 6			41,607.				
	1		•	s) from special events and activities (Subtract line 6b from			,	6c		18	961
	70		•	· · · · · · · · · · · · · · · · · · ·		<u></u>					
	7a		Gross sales of inventory, less returns and allowances								
	1										
	1	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)									
	8	Other revenue (describe) 8									
_	9			dd lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	• •	· · ·	<u>; • </u>	9			928
	10	Grants and	d simila	r amounts paid (attach schedule) . Statement .1.	Stat	EMCUT C	4 ·	10		20,	120
	11	Benefits p	Benefits paid to or for members								
9	12		ther compensation, and employee benefits								
enses	13	Profession	al fees	and other payments to independent contractors	9 9	ი ი ი ი ი	• •	13			
EXP	14	Occupanc	y, rent,	utilities, and maintenance \ldots \ldots $ \mathfrak{S} $ \ldots $ \mathfrak{N} \cup \mathfrak{N} $. <i>L</i> .	· · · · · ·	· • [14			
Ű	15	Printing, p	ublicati	ons, postage, and shipping		——1 ≝	[15			
	16	Other expe	enses (e	describe ► see statement 3 OGDF	EN_	<u>UT </u>	L) L	16		2,3	346.
	17	Total expe	enses.	Add lines 10 through 16	<u></u>		<u>'.</u> ▶	17		22,4	<u> 466.</u>
ø	18	Excess or	(deficit)	for the year (Subtract line 17 from line 9)			[18		9,4	462.
šet	19	Net assets	s or fur	d balances at beginning of year (from line 27, column (A)) (m	iust agree	with				
Ą		end-of-yea	ar figure	reported on prior year's return)				19		7,3	355.
Net Assets	20	Other char	naes in	net assets or fund balances (attach explanation)			[20			
Ž	21		Net assets or fund balances at end of year. Combine lines 18 through 20					21		16.8	B17.
2	art			ts. If Total assets on line 25, column (B) are \$1,250,000 c					of Form	_ .	
							d of year				
2	,	Cach cavings	and in	vestments		1,7-3		355. 2			B17.
					• •				1	10,0	
	23 Land and buildings										
							10.0				
2		Total assets			• •					16,8	B17.
20	_	otal liabilitie)				<u>.</u>		
2				alances (line 27 of column (B) must agree with line 21)	• •		7	355. 2			B17.
Fo	r Priva	acy Act and Pa	aperwor	k Reduction Act Notice, see the separate instructions.		Cat. No. 10	6421		Form 99	10-EZ (2	2009),

Oiiii	330-22 (2003)					raye 🚣
Par	t III Statement of Program Service Accom	plishments (See the instr	uctions for Part III	.)		Expenses
	the are organization or printiary enterings purposes.	CHILDREN ADVOCACY				ired for section
	cribe what was achieved in carrying out the org)(3) and 501(c)(4) izations and section
	ner, describe the services provided, the number of	of persons benefited, and o	other relevant info	mation for		a)(1) trusts; optional
each	program title.				for ot	hers.)
28	TO PROVIDE EDUCATIONAL PROGRAMS, SUPPLIE	S, SPONSOR ANTIDRUG ACT	TIVITIES, EQUIPME	NT		
	PROGRAMS & FAMILY EVENTS FOR APPROXIMATE	LY 700 STUDENTS				
	(Grants \$) If this amount	includes foreign grants, che	eck here	. ▶ 🗆	28a	
29						
	(Grants \$) If this amount	includes foreign grants, che	eck here	. ▶ 🗆	29a	
30						
	(Grants \$) If this amount	includes foreign grants, che	eck here	. ▶ 🗆	30a	
31	Other program services (attach schedule)					
	(Grants \$) If this amount	includes foreign grants, che	eck here	. ▶ 🗆	31a	
3 2	Total program service expenses (add lines 28a				32	O.
Par	t IV List of Officers, Directors, Trustees, and Key		ven if not compensa	ted. (See the	instruc	tions for Part IV.)
	(a) Name and address	(b) Title and average hours per week	(c) Compensation (If not paid,	(d) Contribution employee benefit	ons to	(e) Expense account and
	(a) Name and address	devoted to position	enter -0)	deferred compe		other allowances
TER	RI WERNICK, 1860 SANDBRIDGE RD.,	DDESIDENT 20.0		·		
VRI	GINIA BEACH, VA 23456	PRESIDENT, 20.0	0.	1	0.	0.
LISA	A PASCANIK, 1860 SANDBRIDGE RD.,	TREASURER, 10.0				
VIR	GINIA BEACH, VA 23456	TREASUREN, 10.0	0.		0.	0.
KAT	HY CANNON, 1860 SANDBRIDGE RD.,	CORRESPONDING SEC,10				
VIR	GINIA BEACH, VA 23456	CORRESPONDING SEC, 10	0.		0.	0.
JEN	NIFER BERG, 1860 SANDBRIDGE RD.,	RECORDING SEC, 10.0		,		
VIR	GINIA BEACH, VA 23456	RECORDING SEC, 10.0	0.		0.	0.
TER	ESA CARVER, 1860 SANDBRIDGE RD.,	1ST VICE PRES., 10.0				
VIR	GINIA BEACH, VA 23456	151 VICE PRES., 10.0	0.		0.	0.
CHE	RI SEERY, 1860 SANDBRIDGE RD.,	2ND VICE PRES., 10.0				
VIR	GINIA BEACH, VA 23456	2ND VICE PRES., 10.0	0.		0.	0.
DO	NNA VALDEPENA, 1860 SANDBRIDGE RD.,	3RD VICE PRES., 10.0				
VIR	GINIA BEACH, VA 23456	Shb vice Files., 10.0	0.		0.	0.
]				
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Part		-		age O
1 are	Culci information (Note the statement requirements in the instruction for hart 4.)		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? 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 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	- '	✓
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/A	~
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a			
b	Did the organization file Form 1120-POL for this year?	37b		1
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9			<u> </u>
a b	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:	1		'
70a	section 4911 ▶ 0. ; section 4912 ▶ 0. ; section 4955 ▶ 0.	1		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			1
b	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		1
41	List the states with which a copy of this return is filed. ▶ NONE			
42a	The organization's books are in care of ▶ PTA OFFICERS Telephone no. ▶	757-64	8-356	0
	Located at ► 1860 SANDBRIDGE RD., VIRGINIA BEACH ZIP + 4 ►	23456	-4018	
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		✓
	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.	1		
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	L	✓
40	If "Yes," enter the name of the foreign country: ► Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		1	▶ □
43	and enter the amount of tax-exempt interest received or accrued during the tax year	• •	. '	N/A
			N/	
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	٠. ا	1	-
4-		44	 	/ /
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		1
		00	. ==	(0000)

Form **990-EZ** (2009)

Part V	Section 501(c)(3) organizations and s 501(c)(3) organizations and section 494 and complete the tables for lines 50 ar	section 4947(a)(1) none 47(a)(1) nonexempt char and 51.	exempt charitab ritable trusts mus	le trusts only. A t answer question	ll sec ns 46	tion ⊱49l)
46	Did the organization engage in direct or indirect	t political campaign activit	ties on behalf of or	in opposition to		Yes	No
	candidates for public office? If "Yes," complete	Schedule C, Part I			46		1
47	Did the organization engage in lobbying activitie	s? If "Yes," complete Sch	edule C, Part II .		47		√
48	Is the organization a school as described in section	on 170(b)(1)(A)(ii)? If "Yes,"	complete Schedule	E	48		√
49a	Did the organization make any transfers to an ex	cempt non-charitable relat	ed organization? .		49a		✓
b	If "Yes," was the related organization a section 5	527 organization?			49b		✓
	Complete this table for the organization's five hi employees) who each received more than \$100,	000 of compensation from	the organization.	f there is none, en			
	(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	acc	Expensount a allowa	ind
	NONE						
					<u> </u>		
		1			ĺ		
		ł					
51	Total number of other employees paid over \$100 Complete this table for the organization's five \$100,000 of compensation from the organization	highest compensated ind		ors who each rec	eived	more	than
	(a) Name and address of each independent contractor	paid more than \$100,000	(b) Ty	pe of service	(c) Cor	npensa	ation
	NONE	· · · · · · · · · · · · · · · · · · ·					
							
d	Total number of other independent contractors	each receiving over \$100,0	▶				
	Under penalties of perjury, I declare that I have examin and belief, it is true, correct, and complete. Declaration	ed this return, including accompa of preparer (other than officer) is	anying schedules and sta based on all information	tements, and to the best of which preparer has	st of my any kno	knowl	edge e
Sign Here	Derri nWern	ed.		11/8/10			
110.0	Signature of officer Pri Wernick	TA Preside	<u>nt </u>	Date			
Paid	Preparer's signature Musical Sur	Date III 8	Check if self- employed ▶ □	Preparer's identifying nur	mber (Se	 e instruc	tions)
Prepare	Firm's name (or MELISSA O. GUNTER						
Use On	IN I vours if self-employed).	. VIRGINIA BEACH, VA 2345	-0.0440		7-630-9	9821	
NAOV H	IDC discuss this return with the preparer show				7 ٧		110

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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

Open to Public Inspection

Name of the organization **Employer identification number** VIRGINIA CONGRESS OF PARENTS AND RED MILL ELEMENTARY 1526094 54 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 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). 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 7 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 33\% % 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 33/6 % 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). 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. c Type III-Functionally integrated **b** Type II e Dy 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 II, Type III, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No (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) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s). h (iii) Type of organization (i) Name of supported (ii) EIN (iv) Is the organization (vii) Amount of (v) Did you notify (vi) is the in col (i) listed in your organization in col organization (described on lines 1-9) the organization in support above or IRC section col (i) of your (i) organized in the governing document? (see instructions)) support? Yes No Yes No Yes Total

(f) Total

Section A. Public Support

Calendar year (or fiscal year beginning in)

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.)

(a) 2005

(b) 2006

(c) 2007

(d) 2008

(e) 2009

1	Gifts, grants, contributions, and							
	membership fees received. (Do not include any "unusual grants.")	13,554	19,053	16,782	10,292	12,870	72,557	
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	48,230	59,959	69,208	53,785	60,56	3 291,750	
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	61,784	79,012	85,990	64,077	73,44	364,307	
6	Total. Add lines 1 through 5	01,704	79,012	05,550	04,077	73,44	304,307	
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						İ	
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year		:					
C	Add lines 7a and 7b							
8	Public support (Subtract line 7c from							
	line 6.)						364,307	
	tion B. Total Support	(-) 000F	#\ 000C	(-) 0007	(-B 0000	(*) 0000	40 Total	
Ca	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total 4 364,307	
9	Amounts from line 6	61,784	79,012	85,990	64,077	73,44	304,307	
iua	payments received on securities loans,							
	rents, royalties and income from similar sources	34.	35.	68.	60.	91	. 288.	
_								
Þ	Unrelated business taxable income (less section 511 taxes) from businesses							
	acquired after June 30, 1975							
C	Add lines 10a and 10b	34.	35.	68.	<u>60.</u>	91	. 288.	
11	Net income from unrelated business activities not included in line 10b,		1].				
	whether or not the business is regularly							
	carried on						 	
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, and 12.)				,		364,595	
14	First five years. If the Form 990 is for							
	organization, check this box and stop			<u> </u>	<u> </u>		<u></u> ▶ ∐	
	tion C. Computation of Public Su		_			1 1	00.00	
15 16	Public support percentage for 2009 (line Public support percentage from 2008 \$					15	99.92 <u>%</u> 99.93 %	
16 Sec	tion D. Computation of Investmen				 	16	99.93 %	
				d by line 12 oc	dump (6)	17	.08 %	
17 18		for 2009 (line 10c, column (f) divided by line 13, column (f))						
16 19a								
100								
b	17 is not more than 33½ %, check this box and stop here. The organization qualifies as a publicly supported organization ▶ ☑ 33½ % support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33½ %, and line 18 is not more than 33½ %, check this box and stop here. The organization qualifies as a publicly supported organization ▶ □							
20	Private foundation. If the organization	_	-	· ·	•			
						•	90 or 990-EZ) 2009	

VIRGINIA CONGRESS OF PARENTS AND RED MILL ELEMENTARY

54-1526094

FORM 990-EZ PAYMENTS TO AFFILIATES

STATEMENT 1

AFFILIATE'S NAME: VIRGINIA PTA/PTSA

AFFILIATE'S ADDRESS: VIRGINIA

HEALTH & WELFARE

TOTAL INCLUDED ON FORM 990-EZ, LINE 10

VARIOUS

AMOUNT:

PURPOSE OF PAYMENT: PAYMENT FOR AFFIIATE GROUP

1,763.

TOTAL INCLUDED ON FORM 990-EZ, LINE 10

1,763.

963.

1,8357.

FORM 990-EZ CASH GRANTS AND ALLOCATIONS STATEMENT 2 **CLASS OF ACTIVITY AMOUNT SCHOOL AWARDS** (VIE, DECORATED DOLPHIN, STATE PTA, CITIZENSHIP) 1,208. 4,963. **EDUCATIONAL ENRICHMENT** (PREP, GRADE LEVEL PRGMS, REFLECTIONS, SUMMER READG) **HOSPITALITY & APPRECIATION** 1,199. (VARIOUS) 796. DARE AWARENESS **VARIOUS** 240. **BEAUTIFICATION** 6,000. SCHOLARSHIP DONATION **VARIOUS GRANTS TO SCHOOL** 2,788. **RED MILL ELEMENTARY** 200. **OLHS/KELLAM GRADFESTS OLHS & KELLAM HS**

VIRGINIA	CONGRESS	OF PARENTS	AND	RED MILL	ELEMENTARY
ATIZOTIATO			/ WILL	1/60 1 1466	

54-1526094

FORM 990-EZ OTHER EXPENSES

STATEMENT 3

DESCRIPTION

MEMBERSHIP DRIVE EXPENSES	112.
PTA CITY COUNCIL DUES	52.
PTA COUNCIL & DISTRICT DINNERS	55.
PTA COUNCIL SCHOLARSHIP DONATION	100.
INSURANCE	392.
OFFICE SUPPLIES & MAINTENANCE	781.
CONVENTIONS & TRAINING	804.
PTA FOUNDER'S DAY DONATION	50.
TOTAL INCLUDED ON FORM 990-EZ, LINE 16	2346.