

### 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**

# 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.

2009

OMB No 1545-1150

Open to Public Inspection

Department of the Treasury

	_	ue Service		ar thy year backering	4	2000		andin-	9	ne 30		, 20	10
_		1		or tax year beginning	July 1	, 2008	, and	ending	r=				
$\overline{}$		applicable.	Please use IRS	C Name of organization	d. 171 ·	DTA			n Ellibio	-	ntificatio		Ħ
=	Address Name of	-	label or	PTA GA Congress/Daves Cree			To-	/out-	E Talast		-226528	<u> </u>	
=	Name ch Induatret	-	print or type.	Number and street (or P.O. box, if n	nali is not deli	vered to street address)	RO	om/surte	E Teleph	ᄪᄪᄪ	mper		
=	Termina		See	3740 Melody Mizer Lane	7/P3 4								
	Amende	d return	Specific Instruc-	City or town, state or country, and a	2IP + 4				F Group		-		
	Applicat	on pending	tions.	Cumming, GA 30041						oer 🕨			
	• Sec	tion 501(c)(3)		rations and 4947(a)(1) nonexem		le trusts must attac	h	G Accou	ınting Me	thod:	✓ Casi	h 🗌 A	ccrual
			a cor	npleted Schedule A (Form 990	or 990-EZ).				(specify)				
								H Check	< ▶ 🗹 ii	the o	rganızatı	on is no	t
1.1	Nebsi	ite: ►						requir	ed to atta	ich Sc	hedule B	(Form	990,
J 1	Гах-ех	empt status (	check o	nly one) - ✓ 501(c) ( 3 ) <b>◄</b> (i	nsert no.)	34947(a)(1) or	527	990-E	Z, or 990	-PF).			
K	Check	▶ ☐ if th	e organı	zation is not a section 509(a)(3) si	upporting or	ganızation and its gro	ss rec	ceipts are r	normally r	ot mo	re than \$	25,000.	Α
1	Form 9		-	turn is not required, but if the or		-							
LA	Add line	es 5b, 6b, and 7	b, to line	9 to determine gross receipts; if \$	500,000 or r	nore, file Form 990 ins	ead c	f Form 990	-EZ ▶	\$			64764
	art I			enses, and Changes in I						tions	for Pa	rt I.)	
	1	Contribution	ons, gif	ts, grants, and similar amoun	ts received	I			[	1		-	24511
	2		-	revenue including governmen					[	2			0
	3	-								3			6135
	4	Investmen	•						t	4			12
	5a	-		m sale of assets other than in	ventory	5a	ì.		of				
	Ь			er basis and sales expenses	•	<del></del>	_		0				
	C			n sale of assets other than in				5a)		5c			0
9	6		,	tivities (complete applicable parts of S	, ,		-	,	▶⊓ t				<u> </u>
Revenue	a	•		ot including \$	•				· –				
ě	"	reported o					. 1		0				
Œ	_	-		nses other than fundraising e						1			
	b		•	ss) from special events and a	•			- Ga)	—— <u> </u>	e .			0
	70		-	•	-		11111 <u>11</u>	0a) · ·	34107	6c			<del></del>
	7a			rentory, less returns and allov	vances .	RECE	Wh	<del>:() -</del>	24711	1			
	b		_		 	7h from line 7e)			·	<b>-</b> -			9395
	C	-		ss) from sales of inventory (S	uptract line		 A a			7c			9395
	8	Other reve	•	<del></del>		S AUG S	0 20			8			40053
_	9			dd lines 1, 2, 3, 4, 5c, 6c, 7c,			• •	<u>~</u>		9			
	10			r amounts paid (attach sched	-	OCDE	تسانا	i T	]· · }	10			32165
	11	•		or for members			٧,٠١		J F	11			
ĕ	12	-		mpensation, and employee b			• •		٠ . ١	12			0
Expenses	13			and other payments to indep	endent co	ntractors			· · }	13			
×	14	•		utilities, and maintenance					٠٠ +	14			0
	١.٠			ons, postage, and shipping						15			2224
	16			describe PTA Programs/C					— <u> </u>	16			5882
	17	Total expe	enses.	Add lines 10 through 16 .		<u> </u>	• •	<u> </u>	· P	17			40271
ţ	18			for the year (Subtract line 17						18			(218)
886	19	net assets	s or tun	nd balances at beginning of the reported on prior year's returned.	year (irom	line 27, column (F	y) (m	iust agree	e with				
Š										19			8786
Net Assets	20			net assets or fund balances						20			0
	21	Net assets	or fund	d balances at end of year. Co	mbine line	s 18 through 20	<u></u>	· - · -	. 🕨	21			8568
نا	art II	balance	e onee	ets. If Total assets on line 25,		s) are \$1,250,000 o	r mo						
				(See the instructions for Pa	-			(A) Be	ginning of			nd of ye	
2		_		ovestments				ļ		8786			8569
23			_					ļ		0 2			0
24		ther assets (		e▶		<del></del>	)			_	24		0
25		otal assets .		· · · · · · · · · · · ·				ļ		8786			8569
26		otal liabilitie					)	<u></u>		0 2			0
_27	7 N	et assets or	fund b	palances (line 27 of column (l	3) <b>must</b> ag	ree with line 21)				8786	27		8569
For	Priva	cy Act and Pa	perwor	k Reduction Act Notice, see th	e separate	instructions.		Cat. No. 10	06421		Form 9	90-EZ	(2009)

Page 2

						: 49.5 -
Par	t III Statement of Program Service Accomp	<b>plishments</b> (See the instr	uctions for Part II	l.)		Expenses
Wha	t is the organization's primary exempt purpose?	Provide School Support				ired for section
	cribe what was achieved in carrying out the org					(3) and 501(c)(4) zations and section
	ner, describe the services provided, the number o	f persons benefited, and o	other relevant info	rmation for		a)(1) trusts; optional
each	program title.				for oti	ners.)
28	Provide a forum for parents and teachers to commun	nicate for the benefit of the st	tudents. Provide so	cial		
	events. Supply school with needed supplies and edu	cational items.			1	
	(Grants \$ ) If this amount	includes foreign grants, che	eck here	. ▶ 🗆	28a	35843
29						
					1	
	(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)					
		includes foreign grants, che		. ▶ □	31a	
32	Total program service expenses (add lines 28a t	hrough 31a)		▶	32	35843
Par		Employees. List each one ev	ven if not compensa	ted. (See the		tions for Part IV.)
		(b) Title and average	(c) Compensation	(d) Contributio	ns to	(e) Expense
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0)	employee benefit deferred comper		account and other allowances
Stac	ey Stephens			Gold Tod Golfspa	rougo.	outer diowalious
	Woodland Trace, Cumming, GA 30041	President / 18	0		0	0
	Ellen Strandquist					
	Canyon Oak Way, Cumming, GA 30041	Co-VP / 12	o		0	•
	Beckley					
	Woodland Trace, Cumming, GA 30041	Co-VP / 12	o		0	^
	dy Norton					
	Purple Martin Trace, Cumming, GA 30041	Co-VP / 12	o		0	o
	ssa Barnett					<u>_</u>
	Kendrick Lane, Cumming, GA 30041	Treasurer / 18	o		0	0
********	er Walker				· ·	U
	Cherry Oak Lane, Cumming, GA 30041	Secretary / 10				•
JJ20	Cherry Oak Lane, Cultilling, GA 30041				. 0	0
	***************************************					
		· · · · · · · · · · · · · · · · · · ·		ļ		
				<u> </u>		
	••••••					
						1
					$\neg \neg$	
	·					
		· · · · · · · · · · · · · · · · · · ·				

Part	Other Information (Note the statement requirements in the instructions for Part V.)			
			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 <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		✓
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
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		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0			
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>✓</b>
b	If "Yes," complete Schedule L, Part II and enter the total amount involved   38b			
39	Section 501(c)(7) organizations. Enter:	1		
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities	1		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	1		
	section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
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	40ь		1
C	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			
e	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. ▶		•	
42a	The organization's books are in care of ▶ Joseph Santos Telephone no. ▶			
	Located at ▶ 2995 Blackstock Drive, Cumming, GA 30041 ZIP + 4 ▶			
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		1
	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.			
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ▶	<b>42</b> c	<u> </u>	✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		1	▶ □
	and enter the amount of tax-exempt interest received or accrued during the tax year		•	
			Yes	Na
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	162	
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

		(— + /								
Part	VI	Section 501(c)(3) organ 501(c)(3) organizations a and complete the tables	izations and and and section 494 for lines 50 ar	<b>section 4947(a)(</b> 47(a)(1) nonexem nd 51.	1) nonexen pt charitabl	<b>npt charita</b> le trusts mu	<b>ble trusts only.</b> A ist answer question	ll sec ons 40	tion 5-49l	<b>o</b>
46		the organization engage in o							Yes	No
		didates for public office? If "	•	· · · · · · · · · · · · · · · · · · ·				46_		<b>✓</b>
47		the organization engage in lo						47_		<b>1</b>
48		ne organization a school as de						48_		<b>✓</b>
49a		the organization make any tr		•		-		49a		<b>√</b>
_ь		es," was the related organization						49b		<u> </u>
50		nplete this table for the orgal ployees) who each received r			on from the	organization	. If there is none, en			
	(a) N	Name and address of each employee	paid more	(b) Title and ave hours per wed devoted to pos	sk i	Compensation	(d) Contributions to employee benefit plans & deferred compensation	ac	Expension Expens	end
								1		
		<del> </del>								
		1								
		<i>h</i> /		1						
		101								
		10						<u> </u>		
				1	ļ					
		<u> </u>						<u> </u>		
				_				ľ		
f		al number of other employees		L			J.,	<u> </u>		
		(a) Name and address of each inde	ependent contractor	r paid more than \$100,0	00	(b) 1	ype of service	(c) Co	mpens	ation
			·····					<del></del>	<del></del>	
		1								
,										
				+++						
		- C								
,										
				<del></del>						
<b>,</b>										
d	Tota	al number of other independe	ent contractors	each receiving ove	r \$100,000	>				
		Under penalties of perjury, I declar and belief, it is true, correct, and or	e that I have examin	ed this return, including	accompanying officer) is based	schedules and s	tatements, and to the be	st of my	knowi	edge e
Sign	,	Mos	WINT.				 			
Here	$\mathcal{A}$	Signature of officer					Date // h	1,		
		Melissa Barnett, DCES F Type or print name and title	TA Treasurer				2.20	111	<u>)</u>	
Paid		Preparer's signature			Date	Check if self- employed ▶	Preparer's identifying nu	mber (Se	e instruk	ctions)
Prepar		Firm's name (or			L	<del>' '</del>	<del></del>			
							=IN ►			
Use O	nly	yours if self-employed), address, and ZIP + 4					Phone no 🕨			
		yours if self-employed), address, and ZIP + 4 S discuss this return with the	preparer show	n above? See instr	uctions .		Phone no 🕨	Yes		No

#### 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.

OMB No 1545-0047

Open to Public Inspection

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 58 PTA GA Congress/Daves Creek Elementary PTA 2265288 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). 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). 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 5 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). 6 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.) 8 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 33/4 % 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). 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. **b** Type II a 🗌 Type I 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 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) Yes No and (iii) below, the governing body of the supported organization? 11g(i) 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . . . . . 11g(iii) Provide the following information about the supported organization(s). (ii) EIN (iii) Type of organization (iv) is the organization (i) Name of supported (v) Did you notify (vi) Is the (vii) Amount of organization (described on lines 1-9) in col. (i) listed in your the organization in organization in col. above or IRC section governing document? col. (i) of your (i) organized in the (see instructions)) US? support? Yes Yes No Yes No No

Total

Page 2

Par	Support Schedule for Org (Complete only if you chec	janizations 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				<del></del>		
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				<b>.</b>
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).  Public support. Subtract line 5 from line 4.						
Sec	tion B. Total Support					<del>1</del>	
	lendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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						
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	<u> </u>	<u> </u>			<u></u>
12	Gross receipts from related activities, etc.					12	<del></del>
13	First five years. If the Form 990 is for organization, check this box and stop he	re <u></u>	<u></u>				ion 501(c)(3)
Sec	tion C. Computation of Public Su						
14	Public support percentage for 2009 (line			1, column (f))		14	<u>%</u>
15	Public support percentage from 2008 Sci		•			15	%
16a	33% % support test—2009. If the organiand stop here. The organization qualifies	zation did not as a publicly	check the box on supported organ	on line 13, and	line 14 is 331/3 9	% or more, ch	eck this box ► □
b	33% % support test—2008. If the organization quality box and stop here. The organization quality	zation did not i Ilifies as a pub	check a box on licly supported	line 13 or 16a, organization .	and line 15 is	33⅓ % or more	e, check this
17a	10%-facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circums" organization meets the "facts-and-circums".	acts-and-circu	mstances" test,	check this box	and stop here.	. Explain in Pai	t IV how the
b 18	10%-facts-and-circumstances test—2008 more, and if the organization meets the "facts-and-circumstances test—2008 private foundation. If the organization did	acts-and-circum inces" test. The	nstances" test, o organization qua	check this box a alifies as a public	and <b>stop here.</b> By supported or	Explain in Parganization .	t IV how the ▶ □

	Support Schedule for Organ (Complete only if you checke	nizations De	scribed in Soline 9 of Par	<b>ection 509(a</b> ) t l.)	(2)		
Sec	tion A. Public Support						
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.")	10470	54807	54338	46340	30646	196601
	furnished in any activity that is related to the organization's tax-exempt purpose	171654	65091	54968	35992	34107	361812
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	7					
5	The value of services or facilities furnished by a governmental unit to the organization without charge	400404	440000	400000	00000	64752	550442
6	Total. Add lines 1 through 5	182124	119898	109306	82332	64753	558413
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						
С	Add lines 7a and 7b				<u></u>		
8	Public support (Subtract line 7c from line 6.)						558413
	tion B. Total Support						
Ca	lendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	182124	119898	109306	82332	64753	558413
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			858	53	12	923
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b			858	53	12	923
11	Net income from unrelated business activities not included in line 10b, 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.)	182124	119898	110164	82385	64765	559336
14	First five years. If the Form 990 is for organization, check this box and stop	the organizatio	n's first, secor		, or fifth tax y	ear as a section	on 501(c)(3)
Sec	tion C. Computation of Public Su						
15	Public support percentage for 2009 (lin	e 8. column (f)	divided by lin	e 13. column (	(f))	15	100 %
16	Public support percentage from 2008 S					16	100 %
Sec	tion D. Computation of Investmer	nt Income Pe	ercentage			·	
17	Investment income percentage for 200	9 (line 10c, col	umn (f) divided	by line 13, co	olumn (f)) .	17	0 %
18	Investment income percentage from 20	08 Schedule A	A, Part III, line	17		18	0 %
19a	33½ % support tests—2009. If the organization is not more than 33½ %, check this b						
b	331/3 % support tests—2008. If the organ line 18 is not more than 331/3 %, check this	ization did not of box and stop	check a box on <b>here.</b> The organ	line 14 or line nization qualifies	19a, and line 1 s as a publicly	6 is more than supported orga	33⅓ %, and nization ► □
20	Private foundation. If the organization						

## DCES PTA 58.2765288

Schedule A (Form 990 or 990-EZ) 2009 Page <b>4</b>						
Part IV	Supplemental Information. Part II, line 17a or 17b; and I	Complete this Part III, line 12.	part to provide the Provide any other	e explanations required additional information.	by Part II, line 10; See instructions.	
				***************************************		
		·				
		·				
			***************************************			
			***************************************			
					•	

Form: 990

Supplemental Schedule

Tax Year: 2009

PTA GA Congress/Daves Creek ES PTA

Employer ID: 58-2265288

Form	990,	Page	1, P	art I,	Line 7
Gross	Sale	es of	Inve	ntory	Statement

		Cost of Goods	
	Gross Sales	Sold	<b>Gross Profit</b>
Bingo Night	173 26	94 14	\$79.12
Breakfast with Santa	687 50	1,657 47	-\$969 97
Directory	88 00	0 00	\$88 00
Father/Daughter Dance	2,207 87	1,466 40	\$741 47
General Mills Box Tops	2,514 04	149.38	\$2,364 66
Holiday Gift Shop	14,909.60	10,755 78	\$4,153 82
Mother/Son Event	1,237 62	715 54	\$522 08
Recycling	626 37	517 80	\$108 57
Spiritwear	5,776 27	5,328.13	\$ <del>44</del> 8 14
Yearbook	<u>5,886 00</u>	<u>4,026 98</u>	<u>\$1,859 02</u>
Total	\$34,106.53	\$24,711.62	\$9,394 91
	(7a)	(7b)	(7c)

## Form 990, Page 1, Part I, Line 10 Expenses

#### **Curriculum Support**

<u>Garriotini Garrioti</u>	
Kindergarten	1,384 11
1st Grade	1,323.93
2nd Grade	1,162 10
3rd Grade	979 31
4th Grade	1,183 41
5th Grade	1,685 55
Art	0 00
Clinic Supplies	467 29
Computer Lab & Technology	5,253 15
Counselors	1,488 89
Cultural Arts	0 00
EIP	1,223 10
ESOL	0 00
Fifth Grade Celebration	1,500 00
FLES - Foreign Language Support	689 66
Honzons	1,612 77
Math Superstars	235 43
Media Center	3,989 12
Music	1,502 10
Physical Education	0 00
Special Education	3,086 60
Reading/Math/Saxxon Phonics	0 00
Speech	394 13
Teacher Supply Gift Cards	2,525 00
WDBS - News	479 18
Total	\$32,164.83

(Line 10)

## Form 990, Page 1, Part I, Line 16 Expenses

PTA Programs/Operations		
Dad's Initiative	484.64	
Family Fun Nights	304 69	
Grade Level Room Parent Appreciation	36 28	
Health & Wellness	0 00	
Hospitality	18 20	
Open House	38 95	
Reflections	623 31	
Sunshine Fund	50.00	Total PTA Programs
Staff Appreciation	2,121 88	\$3,677 95
Accounting (minus postage expenses of \$98 12)	194 03	
Incorporation Fee	30 00	
Leadership training	0 00	•
Membership Drive	500 00	
Misc. Expenses	-9 80	
PTA Dues payable to GA/National PTA for each member	1,124.75	
PTA dues to Forsyth Council	175 00	Total PTA Operations
PTA Insurance	190.00	\$2,203 98
Total	\$5,881.93	(Line 16)

## Form 990, Page 1, Part I, Line 15 Expenses

#### Printing/Publications/Postage/Shipping

Accounting Postage		
Newsletter	16 70	
Risograph Copy Service	2,183 80	
Total	\$2,223 81 (Li	ne 15)