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Short Form Return of Organization Exempt From Income Tax

2012

Open to Public
Inspection

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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Department of the Treasury
Internal Revenue Service

A For the 2012 calendar year, or tax year beginning _____, 2012, and ending _____, 20

B Check if applicable:

<input type="checkbox"/> Address change	C Name of organization PARMA EDUCATION FOUNDATION	D Employer identification number 45-2404021
<input type="checkbox"/> Name change	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite 7765 ARBOR WAY	E Telephone number 440-888-6278
<input checked="" type="checkbox"/> Initial return	City or town, state or country, and ZIP + 4 PARMA, OHIO 44134-6945	F Group Exemption Number ▶
<input type="checkbox"/> Terminated		
<input type="checkbox"/> Amended return		
<input type="checkbox"/> Application pending		

G Accounting Method: Cash Accrual Other (specify) ▶ _____

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

I Website: ▶ _____

J Tax-exempt status (check only one) – 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ _____

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
Check if the organization used Schedule O to respond to any question in this Part I

	Description		Amount
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	46,292.00
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	
	4 Investment income	4	30.00
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	17,250.00
c Less: direct expenses from gaming and fundraising events	6c	3,148.00	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	14,102.00	
7a Gross sales of inventory, less returns and allowances	7a		
b Less: cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8 Other revenue (describe in Schedule O)	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	60,424.00	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	2,300.00
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	1,500.00
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	390.00
	16 Other expenses (describe in Schedule O)	16	212.00
	17 Total expenses. Add lines 10 through 16	17	4,402.00
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	56,022.00
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	.00
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	56,022.00

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46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If "Yes," was the related organization a section 527 organization?

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

Table with 5 columns: (a) Name and title of each employee paid more than \$100,000; (b) Average hours per week devoted to position; (c) Reportable compensation (Forms W-2/1099-MISC); (d) Health benefits, contributions to employee benefit plans, and deferred compensation; (e) Estimated amount of other compensation.

f Total number of other employees paid over \$100,000

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

Table with 3 columns: (a) Name and address of each independent contractor paid more than \$100,000; (b) Type of service; (c) Compensation.

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here Signature of officer: Nancy Anne Fedak Date: 1-26-13 Type or print name and title: TRUSTEE Nancy Anne Fedak

Paid Preparer Use Only Preparer's name, signature, date, PTIN, firm's name, EIN, address, phone no.

May the IRS discuss this return with the preparer shown above? See instructions

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		WINE TASTING (event type)	TAST OF TOWN (event type)	(total number)	(add col (a) through col (c))
Revenue	1 Gross receipts	5,086.00	12,164.00		17,250.00
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	5,086.00	12,164.00		17,250.00
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs		600.00		600.00
	7 Food and beverages	1,686.00			1,686.00
	8 Entertainment				
	9 Other direct expenses	634.00	228.00		862.00
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				(3,148.00)
11 Net income summary. Combine line 3, column (d), and line 10 ▶				14,102.00	

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

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

- 9** Enter the state(s) in which the organization operates gaming activities: _____
- a** Is the organization licensed to operate gaming activities in each of these states? Yes No
- b** If "No," explain: _____
- _____
- 10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
- b** If "Yes," explain: _____
- _____

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2012

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Name of the organization

PARMA EDUCATION FOUNDATION

Employer identification number

45-2404021

PART 1 LINE 10

SCHOLARSHIPS TO:

1) ANN MARIE PATRICIA BUBNA - STUDENT \$500.00

7104 THORNCLIFFE BLVD

PARMA, OHIO 44129

2) MEGAN ELIZABETH BERARDINS - STUDENT \$1,200.00

9215 VIENNA DRIVE,

PARMA, OHIO 44130

GRANTS TO: (ANTI-BULLYING)

1) SHILOH MIDDLE SCHOOL \$200.00

2303 GRANTWOOD

PARMA, OHIO 44134

2) GREENBRIAR MIDDLE SCHOOL \$200.00

11810 HUFFMAN ROAD

PARMA, OHIO 44130

3) HILLSIDE MIDDLE SCHOOL \$200.00

1 EDUCATIONAL PARK DRIVE

SEVEN HILLS, OHIO 44131

PART 1 LINE 16:

1) PARENT TEACHERS ASSOCIATION (PTA) \$212.00

PTA COUNCIL DINNERS

