Form **990-EZ**

Department of the Treasury
Internal Revenue Service

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, 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.*

OMB No. 1545-1150

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning July 1, 2012, and ending June 30, 20 13

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization: BEAR VALLEY ELEMENTARY PTA

Number and street (or P.O. box, if mail is not delivered to street address): 15001 MOUNTAIN AIR DRIVE — Room/suite

City or town, state or country, and ZIP + 4: ANCHORAGE, AK 99516

D Employer identification number: 92-0103319

E Telephone number: 907-742-5900

F Group Exemption Number ▶

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: ▶ www.bearvalleypta.com

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 ☐

Revenue	1	Contributions, gifts, grants, and similar amounts received			1	2102
	2	Program service revenue including government fees and contracts			2	
	3	Membership dues and assessments			3	1408
	4	Investment income			4	1
	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	76880		
	c	Less: direct expenses from gaming and fundraising events	6c	47645		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)			6d	29234
	7a	Gross sales of inventory, less returns and allowances	7a	6709		
	b	Less: cost of goods sold	7b	5642		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c	1067
	8	Other revenue (describe in Schedule O)			8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶			9	33812
Expenses	10	Grants and similar amounts paid (list in Schedule O)			10	12934
	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	
	14	Occupancy, rent, utilities, and maintenance			14	
	15	Printing, publications, postage, and shipping			15	
	16	Other expenses (describe in Schedule O)			16	22260
	17	**Total expenses.** Add lines 10 through 16 ▶			17	35194
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)			18	-1382
	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	19049
	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	17667

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For Paperwork Reduction Act Notice, see the separate instructions. Cat No. 10642I Form **990-EZ** (2012)

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Part II **Balance Sheets** (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II . . . . ☐

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	20125	22	19049
23	Land and buildings		23	
24	Other assets (describe in Schedule O)		24	
25	**Total assets**	20125	25	19049
26	**Total liabilities** (describe in Schedule O)		26	
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	20125	27	19049

Part III **Statement of Program Service Accomplishments** (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III . . ☐

What is the organization's primary exempt purpose?

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

28			
	(Grants $) If this amount includes foreign grants, check here . . . . ▶ ☐	28a	
29			
	(Grants $) If this amount includes foreign grants, check here . . . . ▶ ☐	29a	
30			
	(Grants $) If this amount includes foreign grants, check here . . . . ▶ ☐	30a	
31	Other program services (describe in Schedule O)		
	(Grants $) If this amount includes foreign grants, check here . . . . ▶ ☐	31a	
32	**Total program service expenses** (add lines 28a through 31a) ▶	32	

Part IV **List of Officers, Directors, Trustees, and Key Employees** List each one even if not compensated (see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV . . . . ☐

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Elaine Todd **16847 Woods Pointe Circle, Anchorage, AK 99516**	**President / 20 hrs**	**0**	**0**	**0**
Lisa Naadland **16602 Briarcliff Ridge Circle, Anchorage, AK 99516**	**Vice President / 10**	**0**	**0**	**0**
Shannon McCarthy **15627 Noble Point Drive, Anchorage, AK 99516**	**Vice President / 5**	**0**	**0**	**0**
Laurie Lacy **15700 Wind Song Drive, Anchorage, AK 99516**	**Treasurer / 20**	**0**	**0**	**0**
Julie Streubel **5115 Wood Hall Drive, Anchorage, AK 99516**	**Vice President / 10**	**0**	**0**	**0**
Sandra Rollins **12840 Lupine Road, Anchorage, AK 99516**	**Secretary / 10**	**0**	**0**	**0**

Part V **Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V . ☐

			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		✓
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		✓
35a	Did the organization have unrelated business gross income of $1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		✓
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		✓
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		✓
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		
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 tax year covered by this return?	38a		
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: 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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		✓
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 ▶ Alaska

42a The organization's books are in care of ▶ BEAR VALLEY ELEMENTARY PTA Telephone no. ▶ 907-742-5900

Located at ▶ 15001 MOUNTAIN AIR DRIVE ZIP + 4 ▶ 99516

			Yes	No
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 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.**			
c	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		✓
	If "Yes," enter the name of the foreign country: ▶			

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 ▶ 43

			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		✓
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		✓
c	Did the organization receive any payments for indoor tanning services during the year?	44c		✓
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*	44d		✓
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		✓

			Yes	No
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	46		✓

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 ☐

			Yes	No
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	47		✓
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		✓
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		✓
b	If "Yes," was the related organization a section 527 organization?	49b		✓

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."

(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."

(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 ▶ ☑ Yes ☐ No

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

▶ Andrea Shearer — Signature of officer — Date 11/8/13

▶ Andrea Shearer Treasurer — Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Firm's name ▶			Firm's EIN ▶	
Firm's address ▶			Phone no	

May the IRS discuss this return with the preparer shown above? See instructions ▶ ☐ Yes ☐ No

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

2012

Open to Public Inspection

Name of the organization	Employer identification number
Bear Valley Elementary PTA	92-0103319

Part I 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.)

1 ☐ 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).**

4 ☐ 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:

5 ☐ 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.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ 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.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☑ An organization that normally receives: (1) more than 33⅓% 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 33⅓% 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.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ 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–Non-functionally integrated

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 organization, check this box . . . . ☐

g 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) and (iii) below, the governing body of the supported organization?	11g(i)		✓
(ii) A family member of a person described in (i) above?	11g(ii)		✓
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)		✓

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the US?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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						
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)						
6 **Public support.** Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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						

12 Gross receipts from related activities, etc. (see instructions) . . . . | 12 |

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) . . . . | 14 | %

15 Public support percentage from 2011 Schedule A, Part II, line 14 . . . . | 15 | %

16a **33⅓% support test—2012.** If the organization did not check the box on line 13, and line 14 is 33⅓% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . ▶ ☐

b **33⅓% support test—2011.** If the organization did not check a box on line 13 or 16a, and line 15 is 33⅓% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . ▶ ☐

17a **10%-facts-and-circumstances test—2012.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 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 organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . ▶ ☐

b **10%-facts-and-circumstances test—2011.** 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 organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . ▶ ☐

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

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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	46440	44418	49337	24394	29234	193823
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						
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 through 5	46440	44418	49337	24394	29234	193823
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						0
8 **Public support** (Subtract line 7c from line 6.)						193823

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6	46440	44418	49337	24394	29234	193823
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	30	5	1	1	1	38
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
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.)	46470	44423	49338	24395	29235	193861

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2011 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2012** (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from **2011** Schedule A, Part III, line 17	18	%

19a **33⅓% support tests—2012.** If the organization did not check the box on line 14, and line 15 is more than 33⅓%, and line 17 is not more than 33⅓%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☑

b **33⅓% support tests—2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33⅓%, and line 18 is not more than 33⅓%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Schedule 1

Part I Revenue / Line 6a thru 6c / Special Events and Activities

	Line 6b - Gross Revenue	Line 6c - Direct Expenses	Line 6d - Net Income
Bearfare Cookbook	425	-	425
Book Fair	13,714	12,905	810
Fall Family Fun Night	4,839	3,704	1,135
Fall Fundraiser	23,558	12,710	10,848
Pictures	1,390	0	1,390
Yearbook	7,219	5,866	1,353
Birthday Book Club	1,603	1,689	(86)
Other types of income	158		158
iPads for Ipads raffle	7,576	7,552	24
Tundra Fundraiser	500	250	250
Spring Fundraiser	10,478	2,082	8,396
Box Tops	1,376	62	1,314
Hibernation Hop	988	500	488
Petty Cash	325	325	-
Promotions - Escrip	2,733		2,733
TOTAL	**76,880**	**47,645**	**29,234**

End of year
BK
19,049.33

Schedule 2

Part I Revenue / Line 7a thru 7c / Gross Sales of Inventory

	Line 7a - Gross Sales	Line 7b - Cost of Goods Sold	Line 7c - Gross Profit or Loss
School Wear	2,287	3,207	(920)
Holiday Store	4,422	2,435	1,987
TOTAL	**6,709**	**5,642**	**1,067**

Schedule 3

Part I Expenses / Line 10 / Grants and similar amounts paid
Mini grants given for various school needs

6th Grade Camp Donation	
6th Grade Camp	2,500
6th Grade Camp – Chaperone	1,530
6th Grade Celebration	500
6th Grade Play	150
6th Grade Orientation	100
Battle of the books	1,865
Special Education Grant	200
Library Grant	499
Music Grant	-

Nurse Grant	200
Health Grant	200
PE Grant	376
Art Grant	-
Scholarships	95
Teacher's Grant	4,008
Testing Snacks	712
Total	**12,934**

Schedule 4

Part I Expenses / Line 16 / Other Expenses

Administration	84
Back to School Night	700
New Grade Signs	300
Bank charge	78
Community Nights	840
Checks	
Contingency	11,168
Hospitality	1,429
Membership dues	819
Miscellanous Expense	542
Office Supplies	
Officer/Chairman Training	-
PTA Insurance	240
Public Performance Site License	375
Red Ribbon Week	175
Science/Health Fair	180
Special Projects	
Enrichment	4,978
Geography/Spelling Bee	62
Sports Day	189
Spring Clean Up	100
Technology Fund	-
Bank Rec. discrepancies	
Total	**22,260**

LOCAL UNIT FINANCIAL REVIEW/AUDIT PACKET

LOCAL PTA/PTSA UNIT NAME: Bear Valley Elementary

PERIOD BEING AUDITED: 7/1/2012 thru 6/30/2013

Contents of Packet: ***PTA Audit Fact Sheet/Overview***
PTA Financial Review Procedure
PTA Sample Financial Review Form
PTA Financial Management Checklist
Receipts and Expenditure Recap Sheets

EXECUTIVE BOARD: BEFORE YOU TURN THE BOOKS OVER TO THE AUDITING COMMITTEE, BE SURE TO FILL OUT THE ALASKA PTA FINANCIAL MANAGEMENT CHECKLIST.

TREASURER: As you complete your year as Treasurer, and/or your TERM as Treasurer, and AUDIT of your PTA accounting MUST be performed. This is usually performed by a committee of 3, although it can also be done by an accountant. Your books must NOT be audited by anyone that is a signer on any of your bank accounts.

AUDITING COMMITTEE: Before you turn the books over to the new (or existing) Treasurer, turn them over to whoever will be filling out your IRS Form 990-N/990/990EZ. This form MUST be mailed to the IRS within 4 ½ months of your fiscal year end. Most Alaska units have a year end of June 30th, so the tax return is due by November 15th.

REMEMBER TO SEND A COPY OF YOUR AUDIT REPORT AND TAX RETURN FORM TO THE ALASKA PTA OFFICE VIA MAIL, FAX, OR EMAIL:

Alaska PTA
PO Box 201496
Anchorage, AK 99520-1496
Phone: 907-279-9345 Toll Free: 888-822-1699 Fax: 907-222-2401
Email: akpta@alaska.net
www.alaskapta.org

PTA AUDIT REPORT FORM

PTA AUDIT REPORT FORM

Date being audited 7/1/12 **to** 6/30/13

Local PTA Name Bear Valley Elementary **Date:** ____________

Council ____________ **State** Alaska

Balance on hand (Ending date of last audit – all bank accounts) 6/30/12 $ 20,120.01

Receipts (Deposits, interest income, etc. –
(received during above period being audited)): (+) $ 78,885.43
Total Cash..$ 99,005.44

Disbursements (Checks, bank charges, etc. –
(paid out during above period being audited): (-) $ 80,267.33

Balance on hand (at ending date of audit period-all bank accts per books)............ $ 18,738.11 (a)

Bank Statement Balances TOTAL

(Most recent stmts in audit period – total of below) .... $ 19,049.33 (b)

Account balances:

Checking 23122567	$ 12,948.36
Special 23501604	$ 5,930.87
Gaming 30926745	$ 170.10

Checks outstanding:

CK #	**Amt**	**CK #**	**Amt**
See attached schedule			

Total outstanding checks (all bank accts).................. ....(minus).................$ 311.22 (c)

TOTAL Balance in bank Accounts (b minus c).. $ 18,738.11 (d)

If BALANCE ON HAND (a) EQUALS TOTAL BALANCE IN ALL BANK ACCOUNTS (d) THEN AUDIT IS COMPLETE.

Date of Audit 10/5/13

I have examined the books of the Treasurer of Bear Valley Elementary PTA and find them to be (please circle one of the ~~following to complete~~ sentence):

Correct   Substantially correct   Incomplete   Incorrect

with the following adjustments/recommendations/missing information:

Please see attached report

(Please see other side for additional adjustments/recommendations/missing information).

Date Audit Completed 10/5/13

Auditors' signature(s) [signature]

(This report should be read by a member of the auditing committee or the secretary at the 1st general meeting of the year. The presiding officer then calls for the appropriate action.)

Bear Valley Elementary PTA
Uncleared Transactions
As of 6/28/13

Check #	Check Amount	
2393	$ 51.48	uncleared from prior year
2398	25.00	uncleared from prior year
2635	10.70	
2648	34.80	
2660	69.41	
2661	5.83	
2662	114.00	
	$ 311.22	

Bear Valley Elementary PTA
Review Comments
For the period ended 6/30/13

Overall, the books appeared to be in good order and well organized. No material misstatement was apparent.

The bank statements were timely reconciled and easily verified. However, the bank balances were difficult to reconcile back to the financial statements. This was partly because checks were recorded directly to expenses rather than to revenue with a subsequent application to the expense accounts. A reimbursement check in the amount of $1,797 for two iPads was recorded directly to expense. A $1,320.27 check from Believe was also recorded directly to expense rather than to revenue.

Scholastic Book Dollars are essentially cash equivalents. They are recorded as revenues and used to offset expenses. However, they are not cash and therefore not deposited in the bank accounts. Scholastic Book Dollars totalling $5,249.41 were used during the period ended 6/31/13.

	Per Bank Statement	Per Books	Difference	
Total Receipts	78,885.43	87,097.95	(8,212.52)	Differences due to misclassification of revenue versus expense
iPad reimbursement			1,797.00	
Believe reimbursement			1,320.27	
Scholastic Dollars			5,249 41	
			154 16	immaterial; pass futher testwork

Because Scholastic Dollars are considered to be a cash equivalent there should be strong controls in place to safe guard this asset. Controls similar to those used for check disbursements would be appropriate. It appears some controls have already been put into place, but additional controls will only strengthen this area.

Two checks 2393 and 2398 remain uncleared from the prior year's report.

As noted in the prior year's report,several reimbursement forms were not filled out in entirety and some supporting receipts are missing.

Teri L Kostka

Teri L. Kostka