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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 private foundations)

- ▶ Do not enter Social Security numbers on this form as it may be made public.  
▶ Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-1150

2013

Open to Public  
Inspection

A For the 2013 calendar year, or tax year beginning JULY 01, 2013, and ending JUNE 03, 2014

B Check if applicable.

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Terminated  
☐ Amended return  
☐ Application pending

C Name of organization

ROGERS PARK PTA

Number &amp; street (or P.O. box, if mail is not delivered to street addr.)

1400 E NORTHERN LIGHTS BLVD

City or town, state or province, country, and ZIP or foreign postal code

ANCHORAGE AK 99508

D Employer identification number

94-3194132

E Telephone number

(907) 742-4800

F Group Exemption  
Number ▶G Accounting Method: ☒ Cash ☐ Accrual Other (specify) ▶

I Website: ▶ N/A

H Check ☒ if the organization is not  
required to attach Schedule B  
(Form 990, 990-EZ, or 990-PF).J Tax-exempt status (check only one) ☒ 501(c)(3) ☐ 501(c) ( ) (insert no.) 4947(a)(1) or 527K Form of organization: ☐ Corporation ☐ Trust ☒ Association ☐ Other

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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 56,525

**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	2,548
	2	Program service revenue including government fees and contracts	2	615
	3	Membership dues and assessments	3	
	4	Investment income	4	82
	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	53,280
c	Less: direct expenses from gaming and fundraising events	6c	17,508	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	35,772	
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	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	39,017	
EXPENSES	10	Grants and similar amounts paid (list in Schedule O)	10	33,363
	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	1,488
	17	<b>Total expenses.</b> Add lines 10 through 16	17	34,851
NET ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	4,166
	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	37,207
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	574
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	41,947

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2013)

SCANNED MAR 02 2015

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**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
<b>33</b> 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. ....		X
<b>34</b> 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) ....		X
<b>35a</b> 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)? ....		X
<b>b</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		X
<b>c</b> 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 ....		X
<b>36</b> 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. ....		X
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ <b>37a</b> _____		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year? ....		X
<b>38a</b> 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? ....		X
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved <b>38b</b> _____		
<b>39</b> Section 501(c)(7) organizations. Enter:		
<b>a</b> Initiation fees and capital contributions included on line 9 <b>39a</b> _____		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities <b>39b</b> _____		
<b>40a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____; section 4912 ▶ _____; section 4955 ▶ _____		
<b>b</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 ....		X
<b>c</b> 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. .... ▶ _____		
<b>d</b> Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization .... ▶ _____		
<b>e</b> 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. ....		X
<b>41</b> List the states with which a copy of this return is filed ▶ <b>NONE</b>		
<b>42a</b> The organization's books are in care of ▶ <b>SEE ATTACHMENT #4</b> Telephone no. ▶ _____		
Located at ▶ _____ ZIP + 4 ▶ _____		
<b>b</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)? ....	Yes	No
If "Yes," enter the name of the foreign country: ▶ _____		X
See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</b>		
<b>c</b> At any time during the calendar year, did the organization maintain an office outside the U.S.? ....		X
If "Yes," enter the name of the foreign country: ▶ _____		
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> -- Check here. .... ▶ <input type="checkbox"/>		
and enter the amount of tax-exempt interest received or accrued during the tax year .... ▶ <b>43</b> _____		
<b>44a</b> Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ. ....		X
<b>b</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. ....		X
<b>c</b> Did the organization receive any payments for indoor tanning services during the year? ....		X
<b>d</b> If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. .... <b>N/A</b>		
<b>45a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? ....		X
<b>45b</b> 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). ....		X

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

	Yes	No
46		X

**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		X
48		X
49a		X
49b		X

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

	Yes	No
47		X

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

	Yes	No
48		X

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

	Yes	No
49a		X

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

	Yes	No
49b		X

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	(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
NONE				

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 business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

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	Signature of officer <u>Lee Backman</u>	Date <u>02-13-15</u>
	LEE BACKMAN	TREASURER
Type or print name and title		

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	PATRICIA CASEY	<u>Patricia A Casey</u>	<u>2-11-15</u>		P00384558
	Firm's name <u>HRB TAX GROUP INC</u>	Firm's EIN <u>431871840</u>			
	Firm's address <u>11900 INDUSTRY WAY STE 5</u>	Phone no. <u>907-348-7338</u>			

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

☒ Yes ☐ No

Department of the Treasury  
Internal Revenue Service

▶ **Attach to Form 990 or Form 990-EZ.**

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

## 2013

**Open to Public Inspection**

Name of the organization

ROGERS PARK PTA

Employer identification number

94-3194132

<b>Part I</b>	<b>Reason for Public Charity Status</b> (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 33 1/3% 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 1/3% 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?

(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? .....

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

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

	Yes	No
11g(i)		X
11g(ii)		X
11g(iii)		X

[illegible]

**For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.**

Schedule A (Form 990 or 990-EZ) 2013

**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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	29,494	1,866	1,750	1,938	2,548	37,596
<b>2</b> 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	11,168	23,726	25,099	18,143	35,772	113,908
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5	40,662	25,592	26,849	20,081	38,320	151,504
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						151,504

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>9</b> Amounts from line 6	40,662	25,592	26,849	20,081	38,320	151,504
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	302	155	146	100	82	785
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b	302	155	146	100	82	785
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	40,964	25,747	26,995	20,181	38,402	152,289
<b>14 First five years.</b> 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 <b>stop here.</b> ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	99.48 %
<b>16</b> Public support percentage from 2012 Schedule A, Part III, line 15	<b>16</b>	99.09 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	0.52 %
<b>18</b> Investment income percentage from 2012 Schedule A, Part III, line 17	<b>18</b>	0.91 %

**19a 33 1/3% support tests -- 2013.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization. ▶ ☒

**b 33 1/3% support tests -- 2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, 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. ▶ ☐

**SCHEDULE G**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,  
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ **Attach to Form 990 or Form 990-EZ.**

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

Name of the organization

ROGERS PARK PTA

Employer identification number

94-3194132

**Part I**

**Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17.  
Form 990-EZ filers are not required to complete this part.

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

**a** ☐ Mail solicitations

**e** ☐ Solicitation of non-government grants

**b** ☐ Internet and email solicitations

**f** ☐ Solicitation of government grants

**c** ☐ Phone solicitations

**g** ☒ Special fundraising events

**d** ☐ In-person solicitations

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ..... ☐ Yes ☒ No

**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fund- raiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<b>1</b>						
<b>2</b>						
<b>3</b>						
<b>4</b>						
<b>5</b>						
<b>6</b>						
<b>7</b>						
<b>8</b>						
<b>9</b>						
<b>10</b>						
<b>Total</b> .....				▶		

**3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

**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.

REVENUE		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		SEPTEMBER F (event type)	GIFTWRAP S (event type)	7 (total number)	(add col. (a) through col. (c))	
1	Gross receipts .....	13,256	13,187	26,837	53,280	
2	Less: Contributions .....					
3	Gross income (line 1 minus line 2) .....	13,256	13,187	26,837	53,280	
DIRECT EXPENSES	4	Cash prizes .....				
	5	Noncash prizes .....				
	6	Rent/facility costs .....				
	7	Food and beverages .....				
	8	Entertainment .....				
	9	Other direct expenses .....	3,551	7,076	6,881	17,508
	10	Direct expense summary. Add lines 4 through 9 in column (d) .....				17,508
11	Net income summary. Subtract line 10 from line 3, column (d) .....				35,772	

**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.

REVENUE		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) thru 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 checked="" type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d) .....				
8	Net gaming income summary. Subtract line 7 from line 1, column (d) .....				

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: \_\_\_\_\_

- 11** Does the organization operate gaming activities with nonmembers? ☐ Yes ☒ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☒ No
- 13** Indicate the percentage of gaming activity operated in:
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ SEE ATTACHMENT #5

Address ▶ \_\_\_\_\_

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☒ No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_.
- c** If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**16** Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

☐ Director/officer ☐ Employee ☐ Independent contractor

**17** Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☒ No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV** **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

**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.

▶ Information about Schedule N (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

Name of the organization

ROGERS PARK PTA

Employer identification number

94-3194132

PART I, REVENUE, LINE 2, PROGRAM SERVICE REVENUE: SEE DETAILED STATEMENT

PART I, EXPENSES, LINE 10, GRANTS: SEE DETAILED STATEMENT

PART I, EXPENSES, LINE 16, OTHER EXPENSES: SEE DETAILED STATEMENT

PART I, NET ASSETS, LINE 20: ADJUSTMENT FOR PRIOR YEAR(S) BOOKKEEPING ERR

# 2013 DETAIL STATEMENTS

ROGERS PARK PTA  
943194132

PAGE 1

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STATEMENT #1 - PROG. SERVICE REVENUE (990-EZ PG 1 LINE 2)

ARTIST IN RESIDENCE.....	615
TOTAL CARRIED TO 990-EZ PG 1 LINE 2.....	615

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STATEMENT #2 - GRANTS AND SIMILAR AMTS PAID (990-EZ PG 1 LINE 10)

PARENT UNIVERSITY.....	708
FITNESS PROGRAM.....	678
CURRIICULUM ENRICHMENT.....	4,481
SCHOOL ACTIVITIES.....	12,886
RECOGNITION PROGRAMS.....	868
SKATING RINK MAINTENANCE.....	4,740
CLASSROOM PROGRAMS.....	5,250
AFTERSCHOOL PROGRAMS.....	377
READING PROGRAM.....	3,096
MISCELLANEOUS PROGRAMS.....	279

TOTAL CARRIED TO 990-EZ PG 1 LINE 10.....	33,363
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STATEMENT #3 - OTHER EXPENSES (EOEZ PG 1 LINE 16)

DUES TO AK PTA.....	972
INSURANCE.....	140
PTA ADMIN SUPPLIES.....	111
PTA TRAINING.....	150
BANK FEES.....	75
MISCELLANEOUS EXPENSE.....	40

TOTAL CARRIED TO EOEZ PG 1 LINE 16.....	1,488
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## 990 PRIMARY EXEMPT PURPOSE

ATTACHMENT 1: PAGE 1 - 990-EZ PAGE 2, PART III

OPEN TO PUBLIC INSPECTION	For calendar year 2013, or tax period beginning	07-01	, and ending	06-03-2014.
Name of Organization ROGERS PARK PTA				Employer Identification Number 94-3194132

### Primary Purpose

TO SUPPORT THE EDUCATIONAL ACTIVITIES OF ROGERS PARK, ITS STUDENTS AND STAFF, AND THE LOCAL COMMUNITY SURROUNDING THE SCHOOL.

## 990 PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 2: PAGE 1 - 990-EZ PAGE 3, PART III

OPEN TO PUBLIC INSPECTION	For calendar year 2013, or tax period beginning	07-01-2013, and ending	06-03-2014.
Name of Organization ROGERS PARK PTA			Employer Identification Number 94-3194132

### Part III - Statement of Program Service Accomplishments

Grants and allocations	Amount includes foreign grants	Program service expenses	12,886
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#### Exempt Purpose Achievements

THESE FUNDS ARE USED TO SUPPORT ACTIVITIES THAT THE ENTIRE SCHOOL IS INVOLVED IN, SUCH AS THE SPELLING AND GEOGRAPHY BEES, SCIENCE DAY AND THE SCIENCE FAIR, THE INTERVENTION PROGRAM, AND OUR BACK TO SCHOOL SOCIAL.

## 990 PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 2: PAGE 2 - 990-EZ PAGE 3, PART III

OPEN TO PUBLIC INSPECTION	For calendar year 2013, or tax period beginning	07-01-2013, and ending	06-03-2014.
Name of Organization ROGERS PARK PTA			Employer Identification Number 94-3194132

### Part III - Statement of Program Service Accomplishments

Grants and allocations	Amount includes foreign grants	Program service expenses	5,250
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#### Exempt Purpose Achievements

THESE ARE THE GRANTS PROVIDED THE TEACHING STAFF TO STRENGTHEN THEIR PROGRAMS IN THE CLASSROOM.

## 990 PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 2: PAGE 3 - 990-EZ PAGE 3, PART III

OPEN TO PUBLIC INSPECTION	For calendar year 2013, or tax period beginning	07-01-2013, and ending	06-03-2014.
Name of Organization ROGERS PARK PTA			Employer Identification Number 94-3194132

<b>Part III - Statement of Program Service Accomplishments</b>			
Grants and allocations	Amount includes foreign grants	Program service expenses	4,740
Exempt Purpose Achievements			
THE FUNDS PROVIDE FOR THE MAINTENANCE OF THE SCHOOL ICE SKATING RINK. THIS RINK PROVIDES THE SCHOOL WITH THE ABILITY TO INCORPORATE THIS WINTER ACTIVITY INTO ITS CURRICULUM, AND THE LOCAL COMMUNITY WITH A RECREATIONAL ACTIVITY.			

# 990 CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

ATTACHMENT 3: PAGE 1 - 990-EZ PAGE 2, PART IV

OPEN TO PUBLIC INSPECTION	For calendar year 2013, or tax period beginning 07-01-2013, and ending 06-03-2014.
Name of Organization ROGERS PARK PTA	Employer Identification Number 94-3194132

(A) Name and Title	(B) Average hours per week devoted to position	(C) Compensation (Form W-2/1099-MISC) (if not paid, enter -0-)	(D) Cont. to employee ben. plans & def. comp.	(E) Expense account & other compensation
PAUL BARENDREGT PRESIDENT	10.00	0	0	0
JOSIE GARTON VICE PRESIDENT	5.00	0	0	0
LEE BACKMAN TREASURER	10.00	0	0	0
LIZ ASHLOCK SECRETARY	3.00	0	0	0

990 BOOKS ARE IN CARE OF

ATTACHMENT 4 - 990-EZ PAGE 3, PART V, LINE 42A

OPEN TO PUBLIC

INSPECTION

For calendar year 2013, or tax period beginning 07-01, and ending 06-03-2014.

Name of Organization

ROGERS PARK PTA

Employer Identification Number

94-3194132

Part V - Line 42a

Individual Name ..... LEE BACKMAN

or

Business Name:

Street Address ..... 1128 COVINGTON COURT

U.S. Address:

Zip code 99503

City ANCHORAGE

State AK

or

Foreign Address

City .....

Province or State .....

Country .....

Postal code .....

Phone Number ..... (907) 742-4800

Fax Number .....

990 GAMING/SPECIAL EVENTS BOOKS AND RECORDS

ATTACHMENT 5: SCH G PAGE 3, PART III, LINE 14

OPEN TO PUBLIC INSPECTION	For calendar year 2013, or tax period beginning	07-01-2013, and ending	06-03-2014.
Name of Organization ROGERS PARK PTA			Employer Identification Number 94-3194132
Part III - Line 14			

Individual Name ..... LEE BACKMAN  
or  
Business Name:

Street Address ..... 1128 COVINGTON COURT

U.S. Address:

Zip code 99503 City ANCHORAGE State AK  
or  
Foreign Address

City .....

Province or State .....

Country .....

Postal code .....