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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 private foundations)

2013

OMB No. 1545-1150

Department of the Treasury Internal Revenue Service ▶ 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.

Open to Public

inter		and service				
	F orth e Check if	2013 calendar year, or tax year beginning AUG 1, 2013 and ending JU			014	
٠,	Speck it	c Name of organization	D Emp	loyer id	entification number	
L	Addr	ess change				
╚	Name	e change HARMON HIGH PTO	4	6-07	62617	
ᆫ	_Initial	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite	E Tele	phone n	umber	
L	Term	nated 130 AURORA HUDSON ROAD	3:	30-5	62-9646	
╚	Amer	City or town, state or province, country, and ZIP or foreign postal code	F Grou	up Exem	ption	
	Applic	ahon pending AURORA, OH 44202	Num	nber 📂		
G	Accour	nting Method: X Cash Accrual Other (specify)	H Che	ck 🕨	X if the organization is not	
1 '	Websi	te: ►N/A	required to attach Schedule B			
J ·	Tax-ex	empt status (check only one) _ X 501(c)(3) 501(c) () ◀(insert no.) 4947(a)(1) or 527	(For	m 990, 9	990-EZ, or 990-PF).	
K	orm o	f organization: Corporation Trust Association X Other			<u> </u>	
L	Add lin	es 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part	11,			
	column	(B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	Ì	▶ \$	65,155.00	
P	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instru	uctions	for Part	l)	
		Check if the organization used Schedule O to respond to any question in this Part I			X	
	1	Contributions, gifts, grants, and similar amounts received		1		
<u> </u>	2	Program service revenue including government fees and contracts	İ	2	61,303.00	
	3	Membership dues and assessments	Ì	3	3,850.00	
ŧ,	4	Investment income	t	4		
	5a	Gross amount from sale of assets other than inventory 5a	t		·	
¥	Ь	Less: cost or other basis and sales expenses 5b	T	1		
₹	0	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c		
=	6	Gaming and fundraising events	·			
SCREVENUE U MAK	a	Gross income from gaming (attach Schedule G if greater than	ŀ			
2		\$15,000)				
8	Ь	Gross income from fundraising events (not including \$ of contributions				
5	1	from fundraising events reported on line 1) (attach Schedule G if the sum of such	1	1		
T)	1	gross income and contributions exceeds \$15,000)				
	c	Less: direct expenses from gaming and fundraising events 6c		1		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	64		
	1	Gross sales of inventory, less returns and allowances 7a				
	Ь	Less: cost of goods sold				
	6			7c		
	8	Gross profit or (loss) from sales of inventory (Subtract line 7b from line a) Other revenue (describe in Schedule O)	ł	8	2.00	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	65,155.00	
	10	Grants and similar amounts paid (list in Schedule 0)		10		
	11	Demostra and the second	ł	11		
w	12	Salaries other companyation and ampleuse benefits	ł	12		
Expenses	13	Professional fees and other payments to independent contractors	·	13		
ğ	14	Occupancy, rent, utilities, and maintenance	· · ·	14		
ŭ	15	Printing, publications, postage, and shipping	ł	15	90.00	
	16	Other expenses (describe in Schedule 0) SEE SCHEDULE O	ł	16	61,250.00	
	17	Total expenses. Add lines 10 through 16		17	61,340.00	
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	3,815.00	
ets	19	Net assets or fund balances at beginning of year (from line 27, column (A))	-	10	3,013.00	
168	"	(must agree with end-of-year figure reported on prior year's return)		19	7,674.00	
Net Assets	20	Other changes in net assets or fund balances (explain in Schedule 0)	·	20	0.00	
Z	21	Net assets or fund balances at end of year. Combine lines 18 through 20		21	11,489.00	
LH		Paperwork Reduction Act Notice, see the separate instructions		21	Form 990-F7 (2013)	

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_	instructions for that ty officert in the organization used conf. O to respond to any question in the		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 0	33		X
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		X
35 a	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		<u> </u>
	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule 0	35b	N/	<u>A</u>
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			۱,,
	requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"		l '	х
27.	complete applicable parts of Schedule N Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0.00	36_	-	_
	Enter amount of political expenditures, direct or indirect, as described in the instructions Did the organization file Form 1120-POL for this year?	37b		х
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made	3/0		
504	In a prior year and still outstanding at the end of the tax year covered by this return?	38a		x
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A	 		
39	Section 501(c)(7) organizations. Enter:	1		
	Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities 39b N/A	1		
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	1 .		
	section 4911 ▶ 0.00 ; section 4912 ▶ 0.00 ; section 4955 ▶ 0.00		1	ĺ
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the		İ	
	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	L	Х
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers			l
	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	1		l
	organization • 0.00			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			٠,,
	transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed ► OH The organization's books are in care of ► KELLI DEMICCO Telephone no. ► 330 – 56	2 0	616	
42 a		1420		
	At any time during the calendar year, did the organization have an interest in or a signature or other authority	420		
U	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b	1.00	X
	If "Yes," enter the name of the foreign country:	\ <u>'</u>	t	
	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 of the U.S.?	42c		x
	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	N/A	١	
			عملاا	No
			1 63	
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of		163	
	Form 990-EZ	44a	163	x
	Form 990-EZ Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead			
b	Form 990-EZ 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	163	x
b	Form 990-EZ Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization receive any payments for indoor tanning services during the year?			х
b	Form 990-EZ Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization receive any payments for indoor tanning services during the year? If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation	44b 44c		х
b c d	Form 990-EZ Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization receive any payments for indoor tanning services during the year? If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44b 44c 44d		x
b c d	Form 990-EZ Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization receive any payments for indoor tanning services during the year? If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O Did the organization have a controlled entity within the meaning of section 512(b)(13)?	44b 44c		
b c d	Form 990-EZ Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization receive any payments for indoor tanning services during the year? If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44b 44c 44d		X

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.

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

OMB No. 1545-0047

Inspection

Name of the organization Employer identification number 46-0762617 HARMON HIGH PTO 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) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) Ω A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 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). 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. d ___ Type III - Non-functionally integrated b Type II c ____ Type III - Functionally integrated e L 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) 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 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, Yes No the governing body of the supported organization? 11g(i) 11g(ii) (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) (v) Did you notify the (iv) is the organization (vi) Is the (ii) EIN (vii) Amount of monetary (i) Name of supported (iii) Type of organization organization in col. in col. (i) listed in your organization in col. organized in the U.S.? organization (described on lines 1-9) support governing document? (i) of your support? above or IRC section (see instructions)) Yes No Yes Yes No

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2013

LHA For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2013 HARMON HIGH PTO 46-0762617 Page 2 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)

Sec	tion A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants ")							
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf				<u> </u>			
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				1			
	governmental unit or publicly							
	supported organization) included	•				1		
	on line 1 that exceeds 2% of the			ł				
	amount shown on line 11,		ļ	1	,			
_	column (f)				<u> </u>		· · · · · · · · · · · · · · · · · · ·	
	Public support. Subtract line 5 from line 4		<u> </u>	Ļ	<u>i </u>	<u>i</u>	· · · · · · · · · · · · · · · · · · ·	
	ction B. Total Support		I	1				
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total	
_	Amounts from line 4	· · · · · · · · · · · · · · · · · · ·		<u> </u>				
8	Gross income from interest,		[
	dividends, payments received on							
	securities loans, rents, royalties			1				
_	and income from similar sources							
9	Net income from unrelated business							
	activities, whether or not the					1		
	business is regularly carried on							
10	Other income Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part IV.)							
	Total support. Add lines 7 through 10	-4- / 4: 4:	<u> </u>	<u> </u>		1		
	Gross receipts from related activities,	•	•			12		
13	First five years. If the Form 990 is for		s first, second, thi	ra, tourth, or tifth t	ax year as a section	on 501(c)(3)		
Sec	organization, check this box and storetion C. Computation of Publication		rcentage					
14	Public support percentage for 2013 (line 6, column (f) c	livided by line 11,	column (f))		14	_%	
15	Public support percentage from 2012	Schedule A, Part	t II, line 14			15	_%	
16a	33 1/3% support test - 2013. If the	organization did ne	ot check the box o	on line 13, and line	14 is 33 1/3% or i	more, check this bo	ox and	
	stop here. The organization qualifies	as a publicly supp	oorted organization	n				
b	33 1/3% support test - 2012. If the	organization did ne	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/39	6 or more, check ti	nis box	
	and stop here. The organization qual	ifies as a publicly	supported organiz	ration			▶└	
17a	10% -facts-and-circumstances tes	t - 2013. If the ore	ganızatıon did not	check a box on lin	e 13, 16a, or 16b,	and line 14 is 10%	or more,	
	and if the organization meets the "fac					art IV how the organ	nization	
	meets the "facts-and-circumstances"	test The organization	ation qualifies as a	publicly supporte	d organization		▶□	
b	10% -facts-and-circumstances tes	t - 2012. If the org	ganization did not	check a box on lin	e 13, 16a, 16b, or	17a, and line 15 is	10% or	
	more, and if the organization meets the	he "facts-and-circi	umstances" test, c	heck this box and	stop here. Explai	n in Part IV how the	e	
	organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.							
18	8 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions							
	Schedule A (Form 990 or 990-EZ) 2013							

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Schedule A (Form 990 or 990-EZ) 2013 HARMON HIGH PTO 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)

Calendary year (enticell year beginning in) December Calendary year (enticell year beginning in) December Calendary year (enticell year) year (in) Calendary year (entities furnished or any actively that sentiated to the calendary of the calendary year (entities furnished or any actively that sentiated to the calendary year (entities furnished in any actively that sentiated to the calendary year (entities furnished in any actively that sentiated to the calendary year (entities furnished in any actively that sentiated to the calendary year (entities furnished in any actively that sentiated to the calendary year (entities furnished in any actively that sentiated to the calendary year (entities for the calendary year) (entities for the calendary year) (entities for the calendary year) (entities for the calendary year) (entitled trade or business under section 513	Sec	tion A. Public Support						
1 Giffs, grants, contributions, and membraship beer received (Do not include any "unusual grants.") 2 Giross recepts from admissions, merchandise sold or services performed, or facilities the first of a grant sold or services performed, or facilities the first of an any activity that is related to the organization's take-energy purpose 3 Giross recepts from activities that are not an unrelated trade or business under section 513 1 Tax revenues level for the organization's benefit and either paid to or expended on its behalf or expended on its behalf or expended on its behalf or expended on the behalf or expended on the behalf or expended on the behalf or expended on the behalf or expended on the behalf or expended on the behalf or expended on the behalf or expended on the behalf or expended on the behalf or expended on the behalf or expended on the behalf or expended on the behalf or expended on the behalf or expended on the behalf or expended on the behalf or expended on the behalf or expended on the behalf or expended on the behalf or expended on the behalf or expended on the behalf or expended on the behalf or expended on the behalf or expended on the behalf or expended on the behalf or expended on the behalf or expended on the behalf or expended on the behalf or expended on the behalf or expended on the behalf or expended on the behalf or expended on the behalf or expended on the behalf or expended on the behalf or expended on the behalf or expended on the behalf or expended on the behalf or expended on the behalf or expended on the behalf or expended on the behalf or expended on the behalf or expended on the behalf or expended on the behalf or expended on the behalf or expended on the behalf or expended on the behalf or expended on the behalf or expended on the behalf or expended on the behalf or expended on the behalf or expended on the behalf or expended on the behalf or expended on the behalf or expended on the behalf or expended on the behalf or expended on the behalf or expended on the behalf or ex	Cale	ndar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
include any 'unusual grants,' 2 Gross neopts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's travelempt purpose 3 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's travelempt purpose 3 Gross receipts from admissions in the root of the services or facilities furnished by a governmental unit to the organization without charge 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Totals. Add lines 1 through 5 7 A mounts motited on lines 1, 2, and 3 received from disqualified persons by Amenited and lines 2 and received second by getter of \$5,000 at 'Nk of the amount on line 1 for the year c. A did lines 7 a and 70 8 Public support (gentiave) is getter Clearly rays (relate) year springing in 9 Amenuts from line 6 9 Amenuts from line 6 10 Clearly rays (relate) year springing 10 Amenuts from line 6 10 Amenuts from line 6 11 Through year or 12 Amenuts from line 6 12 Other moome 0 to not include gain or lines in 13 It was in from unvelated business acquired after line 30, 1975 2 Add lines 10a and 10b 10 Not income from unvelated business acquired line 1 line 30, 1975 2 Add lines 10a and 10b 10 Not income fine asked or 10 Computation of Public Support Percentage 10 Other moome 0 to not include gain or lines in the sale of capital assets (Explain in Part IV) 11 Total support percentage for 2013 (line 8 (o., column (f) divided by line 13, column (f)) 15 0 0 96 18 Public support percentage for 2013 (line 8 (o., column (f) divided by line 13, column (f)) 16 In 10 1	1	Gifts, grants, contributions, and						
2 Gross neapts from admissions merchandles sold or services per formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross neapts from admission that are not an unrelated trade or business under section 513 4 Tax revenues level for the organization is travely as the services of facilities furnished by a governmental unit to 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 7 A mounts included on lines 1.2, and 3 received from discussified persons but received from discussified persons but received from discussified persons but received from the services of relativistic transport tiping to the confidence of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of		membership fees received (Do not						
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Schedule A	(Form 99U or 99U-EZ) 2013 TARMON TIGH PTU	46-U/6261/ Page 4
Part IV	(Form 990 or 990-EZ) 2013 HARMON HIGH PTO Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or	r 17b; and Part III, line 12.
,	Also complete this part for any additional information (See instructions)	• •
		
		
		
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SCHEDULE O (Form 990 or 990-EZ)

Internal Revenue Service

Department of the Treasury

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

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.cov/form990

Open to Public Inspection

Name of the organization **Employer identification number** 46-0762617 HARMON HIGH PTO FORM 990-EZ, PART I, LINE 8, OTHER REVENUE: DESCRIPTION OF OTHER REVENUE: AMOUNT: INTEREST INCOME 2. FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES: DESCRIPTION OF OTHER EXPENSES: AMOUNT: 60,127. PROGRAM SERVICE EXPENSES BANK SERVICE FEES/CREDIT CARD PROCESSING FEES 848. 275. ADVERTISING TOTAL TO FORM 990-EZ, LINE 16 61,250. FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - IT SHALL BE THE PURPOSE OF THIS ORGANIZATION TO DEVELOP AND ENCOURAGE A UNITED EFFORT BY PARENTS, TEACHERS, THE SCHOOL ADMINISTRATION, AND CITIZENS OF THE AURORA CITY SCHOOL DISTRICT TOWARD A COMMON GOAL OF ENHANCING QUALITY EDUCATION WITHIN THE AURORA SCHOOLS. THE PTO IS A NONPROFIT ORGANIZATION THAT EXISTS FOR CHARITABLE, EDUCATIONAL, AND SCIENTIFIC PURPOSES, INCLUDING THE MAKING OF DISTRIBUTIONS TO ORGANIZATIONS THAT QUALIFY AS EXEMPT ORGANIZATIONS UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS: FORM 990-EZ, PART V. THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

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

Schedule O (Form 990 or 990-EZ) (2013)

Form **8868**

(Rev. January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Information about Form 8868 and its instructions is at www.irs.gov/form8868 •

OMB No. 1545-1709

• If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box							
• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).							
Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868							
Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation							
required	to file Form 990-T), or an additional (not automatic) 3-mo	nth extens	sion of time. You can electronically fi	ile Form 8	868 to request an e	xtension	
of time to	file any of the forms listed in Part I or Part II with the ex	ception of	Form 8870, Information Return for	Transfers.	Associated With Ce	rtaın	
Personal	Benefit Contracts, which must be sent to the IRS in page	er format	(see instructions). For more details of	on the ele	ctronic filing of this t	orm,	
	rs.gov/efile and click on e-file for Charities & Nonprofits						
Part I	Automatic 3-Month Extension of Time	e. Only s	submit original (no copies nee	eded).			
A corpor	ation required to file Form 990-T and requesting an auto	matic 6-mo	onth extension - check this box and	complete			
Part I onl	у				>	لــا	
	corporations (including 1120-C filers), partnerships, REM	IICs, and t	rusts must use Form 7004 to reques	t an exter	nsion of time		
to hie inc	ome tax returns.			Enter file	er's identifying nun	<u>iber</u>	
Type or	Name of exempt organization or other filer, see instru	ictions.		Employe	nployer identification number (EIN) or		
print					46 00000	-	
File by the	HARMON HIGH PTO				46-076261		
due date for filing your return. See	Number, street, and room or suite no if a P.O box, s 130 AURORA HUDSON ROAD	ee instruc	tions.	Social se	curity number (SSN)	
instructions.	City, town or post office, state, and ZIP code. For a for AURORA, OH 44202	oreign add	lress, see instructions.				
Enter the	Return code for the return that this application is for (file	e a separa	te application for each return)			01	
		-					
Applicati	on	Return	Application			Return	
Is For		Code	Is For			Code	
Form 990	or Form 990-EZ	01	Form 990-T (corporation)			07	
Form 990	PBL	02	Form 1041-A	4			
Form 472	?0 (individual)	03	Form 4720 (other than individual)			09	
Form 990)-PF	04	Form 5227			10	
Form 990	0-T (sec 401(a) or 408(a) trust)	05	Form 6069			11	
Form 990	O-T (trust other than above)	06	Form 8870			12	
	KELLI DEMICCO						
	ooks are in the care of > 229 FOX RUN TRA	AIL -	- AURORA, OH 44202				
Telept	none No.▶ 330-562-9646		Fax No 🕨			C	
• If the	organization does not have an office or place of busines	s in the Ur	nited States, check this box		▶		
• If this	is for a Group Return, enter the organization's four digit	1					
box 🕨	If it is for part of the group, check this box				ers the extension is	for	
1 Ire	quest an automatic 3-month (6 months for a corporation MARCH 15, 2015, to file the exemp	•	to file Form 990-T) extension of time tion return for the organization name		The extension		
ıs f	or the organization's return for						
▶	calendar year or						
>	X tax year beginning AUG 1, 2013	, an	d ending JUL 31, 2014				
2 lf tl	ne tax year entered in line 1 is for less than 12 months, o	heck reas	on· LInitial return LI	Final retur	n		
	☐ Change in accounting period						
	nis application is for Forms 990-BL, 990-PF, 990-T, 4720,	, or 6069, d	enter the tentative tax, less any			0.00	
	prefundable credits. See instructions.			3a	\$	0.00	
	nis application is for Forms 990-PF, 990-T, 4720, or 6069	_		1 0.		0.00	
	mated tax payments made Include any prior year overp			3b	\$	0.00	
	ance due. Subtract line 3b from line 3a Include your pa	-		-		0.00	
	by using EFTPS (Electronic Federal Tax Payment System) See instructions 3c \$ U • UU Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment						
instructio		forect de	see rom 8	+33-EU &I	IG FOR 10079-EU 10	- hahmenr	
LHA F 323841 12-31-13	or Privacy Act and Paperwork Reduction Act Notice,	see instru	actions.		Form 8868 (Re	v 1-2014)	