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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)

2014

OMB No 1545-1150

Department of the Treasury

▶ Do not enter social security numbers on this form as it may be made public.

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		de Service Information about 1 offit 555 CE and its instructions is at www.ins.gov/forms			
_		2014 calendar year, or tax year beginning July 1 , 2014, and ending		ne 30	, 20 15
	heck if ap		Emplo	yer ident	ification number
=	Address ch	masic rateties association of mark i streethalf riight school,			474226
$\overline{}$	lame char nitial returi		Teleph	one num	ber
_		PO Box 4641			284-0445
=	Amended r	■ City or town, state or province, country, and ZIP or toreign postal code		Exemp	tion
	Application			oer ▶	
G A	ccount	ng Method:	neck 🕨	🗹 ıf tl	ne organization is not
	ebsite:		•		n Schedule B
J Ta	ax-exem	pt status (check only one) — 501(c)(3) □ 501(c) () (insert no.) □ 4947(a)(1) or □ 527 (Fo	om 99	0, 990-E	Z, or 990-PF).
KF	orm of	organization: Corporation Trust Association Other			
		5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total as	ssets		
(Par	t II, colu	ımn (B) below) are \$500,000 or more, file Form 990 ınstead of Form 990-EZ	. •	\$	85,953
Pa	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the in	struct	tions fo	or Part I)
		Check if the organization used Schedule O to respond to any question in this Part I.			
	1	Contributions, gifts, grants, and similar amounts received		1	5061
	2	Program service revenue including government fees and contracts	. Г	2	
	3	Membership dues and assessments	. Г	3	
	4	Investment income	. [4	8
	5a	Gross amount from sale of assets other than inventory 5a			
	ь	Less: cost or other basis and sales expenses		ł	
	ြင	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
	6	Gaming and fundraising events	<u> </u>		
	а	Gross income from gaming (attach Schedule G if greater than		1	
e	_	\$15,000)	ļ		
Revenue	b	Gross income from fundraising events (not including \$ of contributions			
- <u>\$</u>		from fundraising events reported on line 1) (attach Schedule G if the	.		
Œ		aum of such gross income and contributions avocade \$15,000\	1,135	ŀ	
	c		8,200		
	ď	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtr		- 1	
	-	line 6c)		6d	42,935
	7a	Gross sales of inventory, less returns and allowances	·	-	42,933
	b	Less: cost of goods sold			
	C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	-+	7c	
	8	Other revenue (describe in Schedule O)	·	8	0.740
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	9,749
	10	Grants and similar amounts paid (list in Schedule O)	-	10	57,753
	11		. -	11	1,600
un.	12	Benefits paid to or for members	. -		
Set		· · · · · · · · · · · · · · · · · · ·	_	12	
Expenses	13	Professional fees and other payments to independent contractors	⊢	13	7,930
쏬	14	Occupancy, rent, utilities, and maintenance	-	14	
ш	15	Printing, publications, postage, and shipping	<u>, , , , , , , , , , , , , , , , , , , </u>	15	
	16	Other expenses (describe in Schedule O)		16	46,985
	17	Total expenses. Add lines 10 through 16		17	56,515
ş	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	1,238
SSe	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree v			
ğ		end-of-year figure reported on prior year's return)	_ ⊢	19	37,327
Net Assets	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	38,565

		•	
orm	990-EZ	(2014)	

Page 2

Pa	Balance Sheets (see the instructions t	for Part II)		•		
	Check if the organization used Schedule		ny question in this	Part II		\square
	<u> </u>		, ,	(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			37,327	22	38,565
23	Land and buildings				23	
24	Other assets (describe in Schedule O)				24	
25	Total assets			37,327		38,565
26	Total liabilities (describe in Schedule O)				26	
27	Net assets or fund balances (line 27 of column			37,327	27	38,565
Par						Expenses
\A/ba	Check if the organization used Schedule t is the organization's primary exempt purpose?				(Red	guired for section
			<u></u>		501	(c)(3) and 501(c)(4)
as n	cribe the organization's program service accompli- neasured by expenses. In a clear and concise mons benefited, and other relevant information for ea	anner, describe the	tits three largest (e services provide	d, the number of	othe	anizations; optional for
28	Purchase musical instruments/Purchase music and i	marching band drills/	Miscellaneous activ	ities and		
	expenses to support music program/Scholarships for	r music students/App	proximately 300 stu	dents	1	
	were supported.					
~~	(Grants \$ 1,600) If this amount	includes foreign gra	ints, check here .	<u> </u>	28a	56,515
29						
	(Grants \$) If this amount	ıncludes foreign gra	ente chock horo	 □	200	
30	(Crants 4) It this amount	includes foreign gra	ints, check here .	· · · <u> </u>	29a	
00					-	
					l	
	(Grants \$) If this amount	includes foreign gra	ants, check here	• 🖺	30a	,
31	Other program services (describe in Schedule O)					
	(Grants \$) If this amount	includes foreign gra	ants, check here .	▶ 🗆	31a	
	Total program service expenses (add lines 28a				32	
Par	List of Officers, Directors, Trustees, and Key	Employees (list each	n one even if not con	npensated—see the I	nstru	ctions for Part IV)
	Check if the organization used Schedule	O to respond to a			<u> </u>	<u> </u>
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS) (if not paid, enter -0-		'ee (e)	Estimated amount of other compensation
Cher	yl Myers, Co-President					
		40				
Pat F	laskell, Co-President					
		20	-	 		
Lind	a Ryan, Vice President					
Saat	Prodley Traccurer	10				<u> </u>
Scor	t Bradley, Treasurer	5				
Jill N	ladej, Secretary		-		+	
2000.00		5				
				 	t	
]	
	•••••					
		-				
				 	\perp	 _
		-		1	+-	<u> </u>
		1				
		 	 	 	+	
		1				

Part				_
-	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	res	NO /
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		1
b c	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 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	35b 35c		1
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 $\ldots \ldots \ldots \ldots \ldots \ldots$	36		1
37a b 38a	Enter amount of political expenditures, direct or indirect, as described in the instructions Did the organization file Form 1120-POL for this year?	37b 38a		√ √
b 39 a b 40a	If "Yes," complete Schedule L, Part II and enter the total amount involved	300		
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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		1
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	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		1
41	List the states with which a copy of this return is filed ▶		_	
42a	The organization's books are in care of ▶ Cheryl Myers Telephone no. ▶	203-28	4-044	5
	Located at ▶ 7 Davenport Place, Wallingford, CT ZIP + 4 ▶	06	492	
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	Yes	No ✓
	If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		1	
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		✓
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		. I	
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	Yes	No
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 d	Did the organization receive any payments for indoor tanning services during the year?	44c		1
45a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		1

⊦orm aån	-EZ (2U	114)						F	Page 4
								Yes	No
46	Did th	e organization engage, directly or ir	ndirectly, in political c	ampaign activities or	behalf of or	ın oppositi	ion		
1	to car	ndidates for public office? If "Yes," o	complete Schedule C	, Partl			. 46	;	1
Part V	_	Section 501(c)(3) organizations All section 501(c)(3) organization 50 and 51.	s must answer que			nplete the	<u> </u>		es
		Check if the organization used Sci	nedule O to respond	to any question in t	nis Part VI	· · ·	· · ·	124	.
		ne organization engage in lobbying If "Yes," complete Schedule C, Par		section 501(h) election	on in effect d	unng the	tax 47	Yes	No
49a b 50	Did th If "Ye: Comp	organization a school as described in the organization make any transfers to s," was the related organization a se tolete this table for the organization's byees) who each received more than	o an exempt non-cha ection 527 organizations five highest compenses.	aritable related organi on?	zation? ner than offic	ers, directo	. 48 . 49 . 49 ors, trus	a b	√ √ id key
		Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health to contributions to benefit plans, a compens	penefits, p employee and deferred	(e) Estima		unt of
None			_						
51	Comp	number of other employees paid ovolete this table for the organization 000 of compensation from the organization from the organizati	's five highest comp	ensated independent	contractors	who each	receive	d more	thar
	- (a)	Name and business address of each_independ	dent contractor	(b) Type of sen	vice 	(c)	Compens	ation	
None				<u> </u>					
				-				-	
52	Did t	number of other independent control he organization complete Scheduleted Schedule A	•	•	anizations mi		ı a .▶[/] Y ∉	es 🗀	No
Under pe	nalties ect, an	of perjury, I declare that I have examined this d complete Declaration of preparer (other than	return, including accompar n officer) is based on all info	nying schedules and statem ormation of which preparer	ents, and to the l	pest of my kn		<u> </u>	
		Likely Myer	7						
Sign Here		Signature of officer Chery Mules Type of profit parts and title	Co-Preside	ent	Date	3/15			
D-:-I		Print/Type preparer's name	Preparer's signature	T D	ate		PTIN		
Paid Prepa						Check U self-employ	if		
Use C	Only	Firm's name			i	s EIN ▶			
May th	e IBS	Firm's address ► discuss this return with the prepare	r shown above? See	instructions	Phor	e no			No.

SCHÈDULE 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

2014

Open to Public Inspection

vame -	of the organization					Employer identification	number			
	Parents Association of Mark T Shee					06-14				
Par				•			ns.			
The o	rganization is not a private founda				-	-				
1	A church, convention of church			bed in se	ction 17	0(b)(1)(A)(i).				
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)									
3	A hospital or a cooperative hos	•								
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 section 170(b)(1)(A)(iv). (Com		college or university	owned or	operate	d by a government	al unit described in			
6 7	☐ A federal, state, or local govern ☐ An organization that normally described in section 170(b)(1)	receives a subst	tantial part of its supp				n the general public			
8	☐ A community trust described in			Part IL)						
9	An organization that normally receipts from activities related support from gross investme acquired by the organization a	receives: (1) mod to its exempt t nt income and	re than 331/3% of its functions—subject to unrelated business t	support f certain c axable ir	exceptioi icome (l	ns, and (2) no more	than 331/3% of its			
10 11	☐ An organization organized and ☐ An organization organized and one or more publicly supported the box in lines 11a through 11a	operated exclusively organizations de	vely for the benefit of, escribed in section 50	to perform 9(a)(1) or	n the fun section	ctions of, or to carry 509(a)(2). See sect i	i on 509(a)(3). Check			
а	☐ Type I. A supporting organize the supported organization(sorganization. You must continuous) the power to re	gularly appoint or ele	-						
b	Control or management of the organization(s). You must co	e supporting org	janization vested in th			•				
С	Type III functionally integra its supported organization(s)						y integrated with,			
d	☐ Type III non-functionally in that is not functionally integr requirement (see instructions)	ated. The organi	zation generally must	satisfy a	distributı	on requirement and				
е	Check this box if the organiz functionally integrated, or Ty						li, Type III			
f	Enter the number of supported	•					[
g		•	orted 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 o listed in you docur	r governing	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)			
				Yes	No					
(A)										
(B)										
(C)										
(D)										
(E)										
-										

	(Complete only if you checked the Part III. If the organization fails to						alify under
Section	on A. Public Support	7		,			
	dar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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.						
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4			<u></u>			
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 carned on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		= = = =				
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc.					12	
13	First five years. If the Form 990 is for the						
	organization, check this box and stop he	re	· · · · ·	· · · · ·	· · · · ·	<u> </u>	🕨 🗀
	ion C. Computation of Public Suppor					, ,	_
14	Public support percentage for 2014 (line 6		•			14	%
15	Public support percentage from 2013 Sch 331/3% support test—2014. If the organization					15	%
16a	box and stop here . The organization qua						
h	331/3% support test—2013. If the organ			-			_
ь	check this box and stop here. The organi	ızatıon qualifi	es as a publicly	supported or	ganization .		▶ □
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the "forganization	ets the "facts	-and-circumsta	ances" test, ch st. The organiz	eck this box a	nd stop here. I	Explaın ın
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizate Explain in Part VI how the organization m	tion meets th	e "facts-and-c	circumstances"	test, check t	his box and st	i, and line t op here .
	supported organization					· · · ·	🕨 🛚
18	Private foundation. If the organization di instructions					ck this box and	see ▶ ſ

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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.)

	if the organization falls to quality	under the tes	sis listed beig	w, please co	mpiete Part i	1.)	
<u>Section</u>	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨 🛭	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")		975	2,500	6,700	5,06	15,236
2	Gross receipts from admissions, merchandise					-	
	sold or services performed, or facilities						Į.
	furnished in any activity that is related to the organization's tax-exempt purpose	51,923	69,696	66,635	76,757	80,88	345,895
3	Gross receipts from activities that are not an	31,323	03,030	00,033	70,737	00,00	343,633
•	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	51,923	70,671	69,135	83,457	85,94	5 361,131
7a	Amounts included on lines 1, 2, and 3					-	
	received from disqualified persons .						
ь	Amounts included on lines 2 and 3				· · · · · ·		
	received from other than disqualified						İ
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b	0	0	0			-
8	Public support (Subtract line 7c from			U	0		0 0
•	line 6.)						
Cooti							361131
	on B. Total Support	() 0010	(1) 0044	4) 0040	40000		1
	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6	51,923	70,671	69,135	83,457	85,94	361,131
_ 10a .	Gross income from interest, dividends,	. <u>-</u>					
	payments received on securities loans, rents,						
	royalties and income from similar sources .	22	10	10	10		8 60
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b	22	10	10	10		8 60
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on				l.		
12	Other income. Do not include gain or		_				1
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,	****					
	and 12.)	51,945	70,681	69,145	83,467	85.95	361,191
14	First five years. If the Form 990 is for the						
	organization, check this box and stop he				_		
Secti	on C. Computation of Public Suppor						<u> </u>
15	Public support percentage for 2014 (line to			3 column (fl)		15	20 00 %
16	Public support percentage from 2013 Sch					16	99.98 %
	on D. Computation of Investment In			· · · · ·	• • • •	10	99.98 %
17	Investment income percentage for 2014 (v line 12	mp (fl)	17	0/
	· · · · · · · · · · · · · · · · · · ·			-			.02 %
18	investment income percentage from 2013					18]	.02 %
19a	331x9% support tests—2014. If the organ						
	17 is not more than 331/3%, check this box					-	
b	331/3% support tests—2013. If the organiz						
	line 18 is not more than 331/3%, check this						
20	Private foundation If the organization di	id not check a	nov on line 14	TUA Or 10h	nack this hav	and eas inct	rijetione 🕨 🗀

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
c 4a	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. Was any supported organization not organized in the United States ("foreign supported organization")? If	3c		
	"Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.			
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4b		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	4c 5a		
ь	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b		
6 6	Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	5c		
_		6	<u> </u>	ļ
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		

Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.

10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting

the supporting organization had an interest? If "Yes," provide detail in Part VI.

determine whether the organization had excess business holdings.)

organizations)? If "Yes," answer (b) below.

9b

9с

10a

Part	V Supporting Organizations (continued)			
-			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above? A 35% controlled entity of a person described in (a) or (b) shows? If "Yes" to a box a provide detail in Part III.	11b		<u> </u>
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. on B. Type I Supporting Organizations	116		<u> </u>
OCCU	The transfer of Supporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		103	110
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			[
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
	organizations and what conditions of restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		ļ	ļ
Conti	, , , , , , , , , , , , , , , , , , , ,	2		
Secu	on C. Type II Supporting Organizations		Vaa	- Al-
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		Yes	No
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	}	}	
	or management of the supporting organization was vested in the same persons that controlled or managed	1		
	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations		_	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?			<u> </u>
_		1	ļ	
_ 2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		İ	
	the organization maintained a close and continuous working relationship with the supported organization(s).		ļ	
- 3	By reason of the relationship described in (2), did the organization's supported organizations have a	2	 	
	significant voice in the organization's investment policies and in directing the use of the organization's	ļ.	i	
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally-Integrated Supporting Organizations			1
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	instru	ction	e).
а	☐ The organization satisfied the Activities Test. Complete line 2 below.		•	٥,.
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	see in:	structi	ions).
•				<u> </u>
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			ĺ
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			1
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		<u> </u>	ļ
_	trustees of each of the supported organizations? Provide details in Part VI.	3a	-	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes " describe in Part VI the role played by the organization in this regard	3h	ļ	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	zations					
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.							
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)				
1 Net short-term capital gain	1						
2 Recoveries of prior-year distributions	2						
3 Other gross income (see instructions)	3	<u> </u>					
4 Add lines 1 through 3	4						
5 Depreciation and depletion	5						
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions)	6						
	8		-				
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) Section B - Minimum Asset Amount	10	(A) Pnor Year	(B) Current Year (optional)				
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):							
a Average monthly value of securities	1a						
b Average monthly cash balances	1b						
c Fair market value of other non-exempt-use assets	1c						
d Total (add lines 1a, 1b, and 1c)	1d						
e Discount claimed for blockage or other factors (explain in detail in Part VI):							
2 Acquisition indebtedness applicable to non-exempt-use assets	2						
3 Subtract line 2 from line 1d	3						
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4						
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5						
6 Multiply line 5 by .035	6						
7 Recovenes of prior-year distributions	7						
8 Minimum Asset Amount (add line 7 to line 6)	8						
Section C - Distributable Amount			Current Year				
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1						
2 Enter 85% of line 1	2						
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3						
4 Enter greater of line 2 or line 3	4						
5 Income tax imposed in prior year	5						
6 Distributable Amount. Subtract line 5 from line 4, unless subject to							
emergency temporary reduction (see instructions)	6						
7 Check here if the current year is the organization's first as a non-functional instructions).	y-in	tegrated Type III support	ing organization (see				

	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions Current Year							
Secti	Section D - Distributions							
1_	Amounts paid to supported organizations to accomplish							
2	Amounts paid to perform activity that directly furthers exe	rted						
	organizations, in excess of income from activity							
3_	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations					
4	Amounts paid to acquire exempt-use assets	 						
5	Qualified set-aside amounts (prior IRS approval required)		.					
6_	Other distributions (describe in Part VI). See instructions.							
	Total annual distributions. Add lines 1 through 6.							
8	Distributions to attentive supported organizations to which	th the organization is res	ponsive					
	(provide details in Part VI). See instructions.							
9	Distributable amount for 2014 from Section C, line 6		-	_				
10_	Line 8 amount divided by Line 9 amount	<u></u>	/::\	(:::)				
S	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014				
1	Distributable amount for 2014 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2014							
	(reasonable cause required-see instructions)							
3	Excess distributions carryover, if any, to 2014:							
a								
<u> </u>	1							
<u>c</u>								
<u>d</u>	F 0010							
e	From 2013	<u> </u>						
f	Total of lines 3a through e							
<u>g</u>	Applied to underdistributions of prior years Applied to 2014 distributable amount							
<u></u>	Carryover from 2009 not applied (see instructions)							
-	Remainder. Subtract lines 3g, 3h, and 3i from 3f.							
_ 4	D, line 7:							
a	Applied to underdistributions of prior years							
<u>b</u>	Applied to 2014 distributable amount	7.7.7872.0						
	Remainder. Subtract lines 4a and 4b from 4.							
5	Remaining underdistributions for years prior to 2014, if							
•	any. Subtract lines 3g and 4a from line 2 (if amount							
	greater than zero, see instructions).	į						
6	Remaining underdistributions for 2014. Subtract lines 3h							
	and 4b from line 1 (if amount greater than zero, see							
	instructions).							
7	Excess distributions carryover to 2015. Add lines 3 _j and 4c.							
8	Breakdown of line 7:							
а								
b								
С								
d	Excess from 2013							
е	Excess from 2014							

	orm 990 or 990-EZ) 2014 Page	
Part VI	Supplemental Information. 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.)	<u> </u>
		
•••••		
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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.

OMB No. 1545-0047

Open to Public

Name of the organization	Employer identific	Employer identification number				
Music Parents Association of Mark T Sheehan High School					06-	-1474226
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.						
a Mail solicitations						
b Internet and email solicit	ations	f [on of government		
c Phone solicitations		g 🗆] Special	fundraising events	,	
d In-person solicitations						
2a Did the organization have a	written or oral agre	ement with	any indivi	dual (including offi	cers, directors, trus	stees
or key employees listed in Fe						
b If "Yes," list the ten highest compensated at least \$5,00			draisers) p	ursuant to agreem	ents under which th	ne fundraiser is to be
(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) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No	† · · · · · · · · · · · · · · · · · · ·		
1				1		
2						
3				-		
4		 				
5			<u> </u>			
6						
7						<u> </u>
8						
9				† · · · · · · · · · · · · · · · · · · ·		
10						
Total						
Total	rganization is regis	stered or lic	ensed to s	Coloit contribution	e or has been notifi	ind it is everant from
registration or licensing.	Agamzadori io Togic	stored or no	crisca to s	SONOR COMMONS	or has been nothi	ed it is exempt from

		·				
		••••				
		· · · · · · · · · · · · · · · · · · ·				
	, .		·			

Pa	rt II	Fundraising Events. Con than \$15,000 of fundraising gross receipts greater tha	ng event contributions	on answered "Yes" to and gross income on I	Form 990, Part IV, line Form 990-EZ, lines 1 a	18, or reported more nd 6b. List events with
		gross recorpts groater tha	(a) Event #1 Band Competition (event type)	(b) Event #2 Pie Sales (event type)	(c) Other events 1-Train Show (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	25,387	13,592	9,236	48,215
Œ	2	Less: Contributions Gross income (line 1 minus line 2)	25,387	13,592	9,236	48,215
	4	Cash prizes				
	5	Noncash prizes				
sesu	6	Rent/facility costs	-			
Direct Expenses	7	Food and beverages	6,451		281	6,732
Direc	8	Entertainment				
	9	Other direct expenses .	4,039	7,775	4,451	16,355
Pa	10 11 rt III	Direct expense summary. Ad Net income summary. Subtra Gaming. Complete if the than \$15,000 on Form 9	act line 10 from line 3, c e organization answe	olumn (d)		23,087 25,128 eported more
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col (c))
<u>-</u>	ī	Gross revenue			·	
ses	2	Cash prizes				
xpen	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
_	5	Other direct expenses .				
	6	Volunteer labor	☐ Yes % ☐ No	☐ Yes% ☐ No	☐ Yes% ☐ No	
	7	Direct expense summary. Ac	dd lines 2 through 5 in c	olumn (d)	•	
	8	Net gaming income summar	y. Subtract line 7 from l	ne 1, column (d)		
g	a Is		onduct gaming activities	s in each of these states	6?	
10		/ere any of the organization's g "Yes," explain:	•		ted during the tax year?	

Schedu	le G (Form 990 or 990-EZ) 2014 Page 3
11	Does the organization conduct gaming activities with nonmembers?
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?
13	Indicate the percentage of gaming activity conducted in:
а	The organization's facility
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	Name ►
	Address ▶
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$
С	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 a	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
ь	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	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)

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Name of the organization	Employer identification number
Music Parents Association of Mark T Sheehan High School	06-1474226
Form 990-EZ, Part1, Line8 - Total \$9,749	
Music Banquet Fees Collected - \$4,865	
India Banquet 1 003 Donostob 4 1/1000	
National Competition Fees Collected - \$4,035	
Apparel Orders - \$540	
Miscellaneous - \$309	
indoord 4000	
Form 990-EZ, Part 1, Line 16 - Total \$46,985	
Music Banquet Expense - \$5,343	
The state of the s	
Chorus Expense - \$1,063	
Color Guard Expense - \$3,695	
Disney Trip Expense- \$15,210	
Drum Major Academy - \$500	
Marching Band - \$17,853	
Apparel - \$540	
Miscellaneous - \$2,781	
	•