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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

Open to Public Inspection

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.

Δ 1	For the	2014 calend	ar year, or tax year beginning July 1 , 2	2014, and ending		June 30	, 20 15
	Check if a		C Name of organization	to 14, and chaing			ntification number
$\overline{\Box}$	Address					-	
Ħ	Name cha	J	Patrick Elementary School PTA Number and street (or P O box, if mail is not delivered to street address)	Room/suite	F Teler	ohone nu	-8857214
ŏ	Initial retu	-		7.55.1754.15	- 1010,		
	Final retui	rn/terminated	2707 Kilgore Road City or town, state or province, country, and ZIP or foreign postal code		 -		3-765-5260
	Amended	í return				up Exen	•
		on pending	Buford, GA 30519			nber ▶	1000
		ting Method:	✓ Cash	H			the organization is not
	Vebsite		/www.patrickelementary org/pes_pta.html		•		ch Schedule B
JT	ax-exer	npt status (che	eck only one) — 🗹 501(c)(3) 🔲 501(c) () ◀ (insert no.) 🗌 4947(a	a)(1) or 527	(Form 9	90, 990	-EZ, or 990-PF)
			: 🗹 Corporation 🗌 Trust 🔲 Association 🔲 Ot				
			7b to line 9 to determine gross receipts. If gross receipts are \$200,00		l assets		
(Pa	rt II, col	lumn (B) belov	w) are \$500,000 or more, file Form 990 instead of Form 990-EZ			► \$	53,333
Р	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Ba	lances (see the	instru	ctions	
		Check if	the organization used Schedule O to respond to any ques	tion in this Part I			🗹
	1					11	. 717
	2		ervice revenue including government fees and contracts			2	14,475
	3	_	ip dues and assessments			3	2,030
	4	Investment	•	,	•	4	
	5a		ount from sale of assets other than inventory	5a	•	 	
	b		or other basis and sales expenses	5b		1 1	
	C		ss) from sale of assets other than inventory (Subtract line 5b fi	T		5c	
	6		id fundraising events	ion line 5a)		130	
	1	_	ome from gaming (attach Schedule G if greater than			1 1	
Re	а			6a			
Revenue	b	Gross inco	me from fundraising events (not including \$	o of contribution	ıs	1 1	
ě	{	from fundraising events reported on line 1) (attach Schedule G if the				1	
_	l	sum of suc	th gross income and contributions exceeds \$15,000)	6b	25,944	1 1	
	C	Less: direc	t expenses from gaming and fundraising events	6c	7.060	1 1	
	d		e or (loss) from gaming and fundraising events (add lines 6	a and 6b and sul		1 1	
	}	line 6c) .				6d	18,884
	7a	Gross sales	s of inventory, less returns and allowances	7a	10,167	 	70,007
	ь		of goods sold	7b	8,356	1 1	
	c		it or (loss) from sales of inventory (Subtract line 7b from line 7a		0,330	7c	1,811
	8		nue (describe in Schedule O)	a,		8	1,011
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			9	07.047
	10		I similar amounts paid (list in Schedule O)	ENTE		10	37,917
	11			EIVED	• • !		
"	12		the company and and an basely 1001 CCD	10		11	
Şe				8 2015 100	• •	12	
Expenses	13		al fees and other payments to independent contractors	· [9].		13	425
S.	14	, -	y, rent, utilities, and maintenance	···· 181.		14	
ш	15		ublications, postage, and shipping	A OFFICE .		15	
	16		nses (describe in Schedule O)			16	37,601
	17		nses. Add lines 10 through 16	 	. 🕨	17	38,026
ţ	18		deficit) for the year (Subtract line 17 from line 9)			18	(109)
Se	19		or fund balances at beginning of year (from line 27, column		with		
As	1	=	r figure reported on prior year's return)			19	17,574
Net Assets	20	Other chan	ges 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	<u> </u>	. ▶	21	17,465

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form 990-EZ (2014)



990-F7	

F	ane	2

Pa	Balance Sheets (see the instructions	,		2		
	Check if the organization used Schedule	e O to respond to a	ny question in this	(A) Beginning of year		(B) End of year
22	Cash, savings, and investments		}	17,574	22	
23	Land and buildings				23	17,465
24	Other assets (describe in Schedule O)		}		24	
25	Total assets			17,574		17,465
26	Total liabilities (describe in Schedule O)				26	17,400
27	Net assets or fund balances (line 27 of column	n (B) must agree with	n line 21)	17,574		17,465
Par				Part III)		
	Check if the organization used Schedule	O to respond to a	ny question in this	Part III 🗹	}	Expenses
Wha	t is the organization's primary exempt purpose?	See Schedule O				uired for section c)(3) and 501(c)(4)
as n	cribe the organization's program service accomplineasured by expenses. In a clear and concise mons benefited, and other relevant information for each	nanner, describe the				nizations, optional for
28	To have a Sock Hop; to support class celebrations/re					}
	Derby, to offer Family Fun activities like Bingo, Holic			Bobby Patrick		
	un day; to provide educational materials; these bene					1
~		includes foreign gra			28a	10,999
29	To provide books and promote reading; to provide c					Ì
	to provide agendas and Friday folders, to provide ter		live projects; these t	penerit all		
	students, families and staff at Patrick Elementary Sc (Grants \$) If this amount	includes foreign gra	ints chack hara	······································	29a	16,397
30	To provide the benefits of PTA membership at the lo				254	10,397
•	provide Cultural Arts programs; to provide the Reflec					
	Elementary School.	onone and program,	inese benefit un at 1			1
		ıncludes foreign gra	ints, check here .	▶ 🗍	30a	10.205
31	Other program services (describe in Schedule O)			· · · ·		
	(Grants \$) If this amount	includes foreign gra	ints, check here .	▶ 🗆	31a	1
32	Total program service expenses (add lines 28a	through 31a)		•	32	37,601
Par				•	struc	tions for Part IV)
	Check if the organization used Schedule	O to respond to ar	,			<u> </u>
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	(d) Health benefits, contributions to employi benefit plans, and deferred compensation) 0	Estimated amount of their compensation
Mano	y Simmons (until 12/14)				7	
2707	Kilgore Road, Buford, GA 30519	President 5 hours)	0	0
	Vaite (12/14 - 6/15)	1			1	
	Kilgore Road, Buford, GA 30519	President 10 hours)	0	0
	Vaite (until 12/14)	Vice President 10				
	Kilgore Road, Buford, GA 30519	hours			0	0
	i Deardorff	}			_ }	_
	Kilgore Road, Buford, GA 30519	Secretary 5 hours		 	-	0
	Nawrocki		,	J	_	
2101	Kilgore Road, Buford, GA 30519	Treasurer 7 hours		'}	0	0
		1		}	j	
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		1) }		1	
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]			Ì	
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]		}		
		\		 		
		}		}	}	
		1		}	i	

Part	Other Information (Note the Schedule A and personal benefit contract statement requirement	s in ti	ne	
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part	٧	~
	D		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	į	1
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed	33	 	-
01	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the		}	1
	change on Schedule O (see instructions)	34		1
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	ļ	V
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 Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	35b		
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	1	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	36		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions [37a]			
ь 38а	Did the organization file Form 1120-POL for this year?	37b		~
00 0	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		V
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			<u> </u>
39	Section 501(c)(7) organizations. Enter:	1	1	
a	Initiation fees and capital contributions included on line 9	4	[]	
b 40a	Gross receipts, included on line 9, for public use of club facilities	-		
1 0a	section 4911 ► 0 ; section 4912 ► 0 ; section 4955 ► 0	1		
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		~
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,	1	1	
	4955, and 4958	1		
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line		}	
	40c reimbursed by the organization	Ì		
	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	400		
41	List the states with which a copy of this return is filed Georgia	40e	l	
-		678-76	5-5260)
	Located at ► 2707 Kilgore Road, Buford, GA ZIP + 4 ►	30	519	
	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country:	42b		~
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and	1		
	Financial Accounts (FBAR).			
	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		V
	If "Yes," enter the name of the foreign country:		_	
	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		. ,	L
	and enter the amount of tax-exempt interest received of accided during the tax year		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	44a		V
	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 44c		~
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	746		
	explanation in Schedule O	44d	1	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		~
	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-F7 (see instructions)	AEL		

							Yes	No
46 _.	Did the organization engage, directly or i	ndirectly, in political o	ampaign activities on	behalf of or	in opposi	tion		********
B	to candidates for public office? If "Yes,"		, Pan I	· · · ·		46		1
Part	VI Section 501(c)(3) organization: All section 501(c)(3) organization 50 and 51.		stions 47-49b and	52, and co	mplete th	e tables	for line	es
	Check if the organization used So	hedule O to respond	to any question in t	his Part VI				. 🗀
							Yes	No
47	Did the organization engage in lobbying year? If "Yes," complete Schedule C, Par		section 501(h) electio		during the	tax . 47		1
48	Is the organization a school as described i	n section 170(b)(1)(A)(ı	i)? If "Yes," complete \$	Schedule E		. 48		V
49a	Did the organization make any transfers			ation?		. 49a		~
b	If "Yes," was the related organization a s					. 49b		<u> </u>
50	Complete this table for the organization's							
	employees) who each received more that	n \$100,000 of comper	nsation from the organ	,		e, enter T	vone.	
	(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 contributions to benefit plans, a compen	to employee and deferred	(e) Estimat other cor		
None								
			<u> </u>					
]	}	}				
								
			}]				
			 	 				
		{		Ì				
				 				
		1	[[
f	Total number of other employees paid ov	ver \$100 000	. • 0			L		
51	Complete this table for the organization			contractors	who each	received	more	thar
٥.	\$100,000 of compensation from the organization			00/11/10/01/01/01	Willo caol	1 10001100	111010	ti ica
	(a) Name and business address of each independ	dent contractor	(b) Type of see		(0)	Component	·on	
	(a) Name and business address of each independ		(b) Type of servi	ice	,(C)) Compensat	.00	
None								
				}				
								
				}				
								
]				
			 					
				1				
d	Total number of other independent contra	actors each receiving	over \$100.000	>		0		
52	Did the organization complete Schedu	_		nizations m	ust attach	n a		
	completed Schedule A					.► ✓ Yes	: 🗆 N	No.
	enalties of perjury, I declare that I have examined this					nowledge and	belief,	ıt ıs
true, cor	rect, and complete Declaration of preparer (other that	n officer) is based on all info	rmation of which preparer h	as any knowled	lge 			
٥.	1 / Wan ye	<u> </u>		19	<u>-3-</u>	15		
Sign Here	Signature of officer 10 VICTOVIA 6. N	lauvocki	, Treasur	Date (eV				
	Type or print name and title	· · · · · · · · · · · · · · · · · · ·	(
Paid	Print/Type preparer's name	Preparer's signature	11 KD Dat	1.01.	Check 🔲	ıf PTIN		
Prepa	arer Robin S. Hetherington	1 / Yollon J.	THE I	1 1 7 1 15	self-emplo	yed PO	148995	<u> 59</u>
Use (· •			s EIN ▶			
Mayth	Firm's address ► the IRS discuss this return with the prepare	r shown above? Soo i	petructions	Phon	ie noi	770-962		
ividy il	io ir io giacasa iriis remitt mini nie biebaie	SHOWIT ADOVE: SEE I	1134 4040115	· · · · ·		Yes	: LJ N	10

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

	ck Elementary School PTA						57214	
	Reason for Public Cha						ons.	
1 1 2	organization is not a private foundation A church, convention of church A school described in section	hes, or associati	ion of churches descr		_	·		
3 4								
5	An organization operated for section 170(b)(1)(A)(iv). (Com		college or university	owned o	or operate	ed by a governmen	tal unit described in	
6 7	☐ A federal, state, or local gover ☐ An organization that normally described in section 170(b)(1)	receives a subs	stantial part of its sup				n the general public	
8	☐ A community trust described	n section 170(b)(1)(A)(vi). (Complete	Part II.)				
9	An organization that normally receipts from activities relate support from gross investme acquired by the organization a	d to its exempt ent income and	functions—subject to unrelated business	o certain taxable i	exceptio	ns, and (2) no more	e 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 11 	operated exclusi d organizations d	ively for the benefit of lescribed in section 5	to perfor 09(a)(1) c	m the fur or section	actions of, or to carry 509(a)(2). See sect	ion 509(a)(3). Check	
а	☐ Type I. A supporting organization(sorganization. You must contain.)	s) the power to re	egularly appoint or ele	•		•		
b	☐ Type II. A supporting organic control or management of the organization(s). You must control to the control organization organization organization. ☐ Type II. A supporting organization organization organization organization. ☐ Type II. A supporting organization. ☐ Type III. A supporting organization. ☐ Type II. A supporting organi	e supporting org	janization vested in th					
С	Type III functionally integrants 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	distributi	on requirement and		
е		ation received a	written determination	from the	IRS that	it is a Type I, Type I	l, Type III	
f g	Enter the number of supported or Provide the following information							
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
			(000 1110111011011011))	Yes	No			
(A)								
(B)								
(C)								
(D)								
(E)								
Total								

							1 490 =
Part							
	(Complete only if you checked the	ne box on line	e 5, 7, or 8 of	Part I or if th	e organizatio	n failed to qu	alify under
	Part III. If the organization fails to						•
Secti	on A. Public Support						
	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
		(4) 2010	(0) 2011	(0) 2012	(u) 2013	10) 2014	(i) Total
1	Gifts, grants, contributions, and membership fees received. (Do not		[1	[ł	{
			ļ	l .	ļ	ł	ł
_	include any "unusual grants.")	 	ļ — — — — — — — — — — — — — — — — — — —				
2	Tax revenues levied for the	ļ	ļ	1		ţ	<u> </u>
	organization's benefit and either paid	ł	Į.	1		ţ	ţ.
	to or expended on its behalf			<u> </u>		<u></u>	
3	The value of services or facilities		1	}	{	{	[
	furnished by a governmental unit to the				1	<u> </u>	
	organization without charge					<u> </u>	<u> </u>
4	Total. Add lines 1 through 3				\		
5	The portion of total contributions by	}				1	
•	each person (other than a	}			<u>}</u>]	
	governmental unit or publicly	İ			1]	i
	supported organization) included on				})	
	line 1 that exceeds 2% of the amount			i)	j
	shown on line 11, column (f)			1	j	}]
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			 -, -			
8	Gross income from interest, dividends,				f		
·	payments received on securities loans,			ł	{	}	
	rents, royalties and income from similar		ı	İ	}	}	
	sources						
9	Net income from unrelated business						
Ū	activities, whether or not the business	I		}	Ì		
	is regularly carried on			ì	j		
10	Other income. Do not include gain or			 	 		
10	loss from the sale of capital assets			Ì])	
	(Explain in Part VI.)]	}		
44					 		
11 12	Total support. Add lines 7 through 10 Gross receipts from related activities, etc.	(coo inetruction	one)	L	L	12	L
13	First five years. If the Form 990 is for the	•	•	d third fourth	or fifth tax w		n 501(c)(3)
13	organization, check this box and stop he	-			-		
Sacti	on C. Computation of Public Suppor						
14	Public support percentage for 2014 (line 6			1 column (f)		14	
15	Public support percentage from 2013 Sch	• •	-			15	//
16a	331/3% support test—2014. If the organization						
104	box and stop here. The organization qual						
b	331/3% support test—2013. If the organ	•	•	•			
-	check this box and stop here. The organi						. ► □
17a	10%-facts-and-circumstances test—20						
	10% or more, and if the organization med	ets the "facts-	and-circumsta	nces" test, che	eck this box an	id stop here. B	explain in
	Part VI how the organization meets the "fa						upported
	organization						. ▶ 🛚
ь	10%-facts-and-circumstances test-20)13. If the orga	ınızation did no	ot check a box	on line 13. 16	a. 16b. or 17a	
	15 is 10% or more, and if the organizat						
	Explain in Part VI how the organization m						
	supported organization				•	•	. ▶ □
18	Private foundation. If the organization did						
	instructions			,,	, _ , , _ , _ , _ , _ , _ , _ , _ , _ ,		N m

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if	f you checked the box o	on line 9 of Part I or if the organization	failed to qualify under Part II
If the organization	n fails to qualify under	the tests listed below, please complet	e Part II)

Secti	ion A. Public Support	dider the tec	oto noted beig	ow, picase cc	inplete Lart	11.)	
	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.")	1,738	1,263	2,161	1,844	2,747	9,753
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	62,470	52,904	53,970	55,295	50,586	275,225
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	64,208	54,167	56,131	57,139	53,333	284,978
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						284,978
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
9	Amounts from line 6	64,208	54,167	56,131	57,139	53,333	284,978
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	64,208	54,167	56,131	57,139	53,333	284.978
14	First five years. If the Form 990 is for the organization, check this box and stop her	e organization	's first, second	, third, fourth,	or fifth tax ye		501(c)(3)
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2014 (line 8	, column (f) div	ided by line 13	3, column (f))		15	100 %
16	Public support percentage from 2013 Sch	edule A, Part II	II, line 15			16	100 %
Section	on D. Computation of Investment Inc	ome Percen	tage				
17	Investment income percentage for 2014 (• •		, , ,	17	0 %
18	Investment income percentage from 2013					18	0 %
19a	331/3% support tests—2014. If the organi						
	17 is not more than 331/3%, check this box a		-	•		-	_
b	331/3% support tests—2013. If the organization 18 is not more than 331/2% check this h						
20	line 18 is not more than 331/3%, check this be Private foundation. If the organization did						
<u>~~</u> _							

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.)

Section A. All Supporting	Organizations
---------------------------	----------------------

Sect	on A. All Supporting Organizations			
			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		3b		
С	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.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "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.	4b		e spage makes
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.	4c		
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).	5a	,, m. 1.	against a
b	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		r andre de la graph orde.
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	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.	6	- 0 2000	
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	- 4/464	
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	^ ^	
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	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.	9c		
10a	(regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	1		

determine whether the organization had excess business holdings.)

10b

0011000				rage 🐱
Part	IV Supporting Organizations (continued)			
·			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	l	ł	
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		
b	A family member of a person described in (a) above?	11b	-	
С	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.	11c		
Sect	ion B. Type I Supporting Organizations			
		r	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	1	1	1
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	}		1
	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.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	1		•
	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.	2		
Secti	on C. Type II Supporting Organizations		L	<u> </u>
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	}		j j
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		*****	
Socti	on D. All Type III Supporting Organizations	1_1_		L
Jecu	on b. 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			1.10
	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?			
•		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]		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	┢═┪		
	significant voice in the organization's investment policies and in directing the use of the organization's			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		
	on E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	nstru	ctions	s):
a	☐ The organization satisfied the Activities Test. Complete line 2 below.			
b	 ☐ The organization is the parent of each of its supported organizations. Complete line 3 below. ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s 	oo inc	taicti	onel
		ee iiis		
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 those supported organizations and explain how these activities directly furthered their exempt purposes,		ĺ	,
	how the organization was responsive to those supported organizations, and how the organization determined	}		1
	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			
	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. <i>Answer (a) and (b) below.</i>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3.		~ •
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a	{	
D	of its supported organizations? If "Ves " describe in Part VI the role played by the organization in this regard	35	ļ	•

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functional Part V	<u>gan</u>	izations _	
1. Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must co	g tru mpl	st on Nov. 20, 1970. See ete Sections A through E	instructions. All
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		
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) Prior 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 Recoveries 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 supporti	ng organization (see

Part	Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organ	izations (continued)	
Secti	ion D - Distributions			Current Year
1_	Amounts paid to supported organizations to accomplish			
2	Amounts paid to perform activity that directly furthers exe			
	organizations, in excess of income from activity			
3_	Administrative expenses paid to accomplish exempt purp			
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 whice (provide details in Part VI). See instructions.	th the organization is res	sponsive	
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Se	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:			
<u>a</u>		·		
<u>b</u> _				
<u>c</u> _				
d				
<u>e</u>	From 2013			
<u>f</u>	Total of lines 3a through e			
<u>_</u> g_	Applied to underdistributions of prior years			
<u> </u>	Applied to 2014 distributable amount			· · · · · · · · · · · · · · · · · · ·
<u> </u>	Carryover from 2009 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section			
	D, line 7: \$			
<u>a</u>	Applied to underdistributions of prior years Applied to 2014 distributable amount		· · · · · · · · · · · · · · · · · · ·	
_ <u>b</u> _	Remainder. Subtract lines 4a and 4b from 4.			
<u>c</u> 	Remaining underdistributions for years prior to 2014, if			
3	any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h			
U	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2015. Add lines 3j			
-	and 4c.			
8	Breakdown of line 7:			-
а				1
b				
С				
	Excess from 2013			
е	Excess from 2014			

Schedule A (Form 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; ar Also complete this part for any additional information. (See instructions.)				
N/A						
_						
						
		······································				

SCHEDULE G (Form 990 or 990-EZ)

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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Name of the organization Employer identification number Patrick Elementary School PTA 20-8857214 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. ☐ Mail solicitations e Solicitation of non-government grants а ☐ Internet and email solicitations f Solicitation of government grants Phone solicitations g

Special fundraising events C ☐ In-person solicitations 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 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. (v) Amount paid to (or retained by) fundraiser listed in (vi) Amount paid to (or retained by) (iii) Did fundraiser have custody or control of contributions? (i) Name and address of individual (iv) Gross receipts (ii) Activity or entity (fundraiser) from activity organization col (i) Yes No 1 2 6 9 10 Total 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.

			(a) Event #1 Dalmation Derby	(b) Event #2	(c) Other events	(d) Total events (add col (a) through col (c))
d)			(event type)	(event type)	(total number)	col (c))
Revenue	1	Gross receipts	25,944			25,944
_	2	Less: Contributions Gross income (line 1 minus				
		line 2)	25,944		· <u>-</u>	25,944
	4	Cash prizes				
	5	Noncash prizes	-			
enses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Dire	8	Entertainment				
	9	Other direct expenses .	7,060			7,060
Pa	10 11	Direct expense summary. Ac Net income summary. Subtra Gaming. Complete if the	act line 10 from line 3, c	olumn (d)	• [7,060 18,884
		than \$15,000 on Form 9				
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
- B	1					
- 1		Gross revenue				
ses	2	Cash prizes				
Expenses	2					
Direct Expenses		Cash prizes				
Direct Expenses		Cash prizes				
Direct Expenses	3 4	Cash prizes Noncash prizes Rent/facility costs	☐ Yes%	☐ Yes%	☐ Yes% ☐ No	
Direct Expenses	3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses .	□ No	□ No	<u> </u>	
Direct Expenses	3 4 5 6	Cash prizes	No d lines 2 through 5 in co	No Slumn (d)	□ No	
9	3 4 5 6 7 8 En	Cash prizes	No Id lines 2 through 5 in co No. Subtract line 7 from lingualization conducts gain activities	No Dlumn (d)	□ No ►	

Part II ' Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more

Schedu	lle G (Form 990 or 990-EZ) 2014
11 12 _,	Does the organization conduct gaming activities with nonmembers?
13 a b	Indicate the percentage of gaming activity conducted in: The organization's 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	
	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?
	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

Open to Public

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	<u> </u>			Employer identification number
Patrick Elementary School PTA				20-8857214
Part 1: Revenue, Expenses, and C	hanges in Net	Assets or Fund Balance	s	
Line 16 - Other Expenses:				
Administrative Expenses	\$ 2,517			
Cash Box	1,450			
Box Tops Expenses	153			
Bricks and Beautification	411			
Family Nights	1,798			
Gifts & Donations	590			
Bobby Patrick Night	5,427			
Class Donation - Dalm Derby	1,125			
Cultural Arts	2,190			
Hospitality	3,734			
Reflections	314			
Room Parent	1,006			
Sock Hop	489			
School Wish List	16,397			
Total Other Expenses \$	37,601			
				······································
	•••••			
		·····		•

Schedule O (Form 990 or 990-EZ) (2014)	Page 2
Name of the organization	Employer identification number
Patrick Elementary School PTA	20-8857214
Part III: Statement of Program Service Accomplishments	
What is the Organization's primary exempt purpose?	
To promote the welfare of children and youth in home, school, community and place of worship; to rais	e the standards
of family life; to secure adequate laws for the care and protection of children and youth; to bring into clo	ser relation the
home and the school, that parents and teachers may cooperate intelligently in the education of children	and youth; to
develop between educators and the general public such united efforts as will secure all children and you	utn the nighest
advantages in physical, mental, social and spiritual education.	
Part V. Other Information	
All revenue reported on Form 990-EZ, Part 1, lines 1 through 8, is not considered unrelated business in	come. The funds
were received and expended while carrying out the PTA's sole exempt purpose of promoting the welfare	and education
of children and youth in home, school, community and place of worship. See Part III (above) for comple	te definition of
the PTA's primary exempt purpose.	