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Return of Organization Exempt From Income Tax

2014

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

A For the 2014 calendar year, or tax year beginning July 1st, 2014, and ending June 30th, 20 15

B Check if applicable:

- Address change
- Name change
- Initial return
- Final return/terminated
- Amended return
- Application pending

C Name of organization Fairfield East Elementary PTC		D Employer identification number 31-1554436
Number and street (or P.O. box, if mail is not delivered to street address) Room/suite		E Telephone number 513-737-5000
6711 Morris Rd		F Group Exemption Number ▶ 7212
City or town, state or province, country, and ZIP or foreign postal code		
Hamilton, OH 45011		

G Accounting Method: Cash Accrual Other (specify) ▶ _____

I Website: ▶ **N/A**

J Tax-exempt status (check only one) – 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

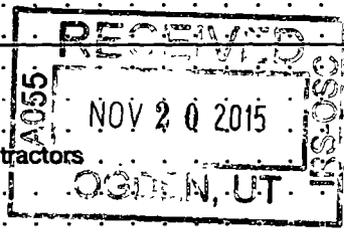
H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

K Form of organization: Corporation Trust Association Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **14,187**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
Check if the organization used Schedule O to respond to any question in this Part I

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	14,187
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	
	4 Investment income	4	
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b		
c Less: direct expenses from gaming and fundraising events	6c		
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a Gross sales of inventory, less returns and allowances	7a		
b Less: cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8 Other revenue (describe in Schedule O)	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	14,187	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe in Schedule O)	16	12,486
	17 Total expenses. Add lines 10 through 16	17	12,486
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	1,700
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	14,248
	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	15,948



5 8

Part II Balance Sheets (see the instructions for Part II)		Check if the organization used Schedule O to respond to any question in this Part II <input type="checkbox"/>	
		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	14,248	22 15,948
23	Land and buildings		23
24	Other assets (describe in Schedule O)		24
25	Total assets	14,248	25 15,948
26	Total liabilities (describe in Schedule O)		26
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	14,248	27 15,948

Part III Statement of Program Service Accomplishments (see the instructions for Part III)		Check if the organization used Schedule O to respond to any question in this Part III <input type="checkbox"/>		Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)	
What is the organization's primary exempt purpose? <u>Raise money for school improvements</u>					
Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.					
28	<u>Educational assemblies for the students</u>				
	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>		28a		2,850
29	<u>Supplies purchases by teachers for the benefit of their classrooms</u>				
	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>		29a		2,459
30	<u>Items purchased for each grade level to be used among students for learning activities</u>				
	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>		30a		2,041
31	<u>Other program services (describe in Schedule O)</u>				
	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>		31a		
32	Total program service expenses (add lines 28a through 31a)		32		7,351

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated - see the instructions for Part IV)					Check if the organization used Schedule O to respond to any question in this Part IV <input type="checkbox"/>	
(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation		
<u>Angel Ruther - Co-President</u>	8.0	0	0	0		
<u>Eudena Taylor - Co-President</u>	8.0	0	0	0		
<u>Kim Cline - Recording Secretary</u>	8.0	0	0	0		
<u>Ami Feldman - Treasurer</u>	8.0	0	0	0		
<u>Dana Nichols - Vice President/Spiritwear</u>	8.0	0	0	0		
<u>Kathy Beckman - Vice President</u>	8.0	0	0	0		
<u>Dana Staggs - Newsletter</u>	8.0	0	0	0		
<u>Carol Coxhead - Volunteer Coordinator</u>	8.0	0	0	0		
		0	0	0		

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

Table with columns for question number, question text, and Yes/No checkboxes. Rows include questions 33 through 45b regarding organizational activities, financials, and compliance.

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 46 Yes No [check]

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI []

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 47 Yes No [check]

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48 Yes No [check]

49a Did the organization make any transfers to an exempt non-charitable related organization? 49a Yes No [check]

b If "Yes," was the related organization a section 527 organization? 49b Yes No [check]

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

Table with 5 columns: (a) Name and title of each employee, (b) Average hours per week devoted to position, (c) Reportable compensation (Forms W-2/1099-MISC), (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation. All rows contain 'None'.

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation. All rows contain 'None'.

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? Note. All section 501(c)(3) organizations must attach a completed Schedule A [] Yes [] No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here: Signature of officer: Amy Feldman, Date: 11/15/15, Type or print name and title: Amy Feldman Treasurer

Paid Preparer Use Only: Print/Type preparer's name, Preparer's signature, Date, Check [] if self-employed, PTIN, Firm's name, Firm's EIN, Firm's address, Phone no.

May the IRS discuss this return with the preparer shown above? See instructions [] Yes [] No

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

2015

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

Fairfield East Elementary PTC

31-1554436

Form 990-EZ Line 16, Other expenses:

4th grade 747

Administrative 115

Assemblies 2850

Back to school 96

Calendars 91

Equipment 904

Field Day 32

Grade level supplies 2041

Grant 183

High School Schlor's 1022

KG Chickens 71

Misc Admin 175

Smartboard 984

Staff appreciation 391

Teacher reimbursement 2460

Testing snacks 60

Thanksgiving relief dinners 264

TOTAL EXPENSES 12,486