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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

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

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

OMB No 1545-1150 2014

Open to Public Inspection

Int	emal Revent		 Information about Form 990-EZ and its instructions is at www.irs.go 	ov/form990.					
Α	For the	2014 calenda	*****	06-30	, 2015				
В	Check if ap	plicable	Name of organization	D Employer identification numbe					
	Address ch	ange	SKYLINE ELEMENTARY PTA	73-	105299	4			
	Name char	ige	Number and street (or P O box, if mail is not delivered to street address) Room/suite	E Telepho	one numb	er			
	Initial return	۱ .		1					
	Final return	/terminated	1402 E SUNRISE	(40	5)880-	7120			
	Amended r	etum	City or town, state or province, country, and ZIP or foreign postal code	F Group	Exemption	1			
	Application	pending	STILLWATER, OK 74075	Numbe	r 🕨				
G	Account	ing Method:		Check▶	X If the	organization is not			
- 1	Website	: ▶		required to	attach Sc	hedule B			
J	Tax-exe	mpt status (c	heck only one) - 501(c)(3)	(Form 990,	990-EZ, d	or 990-PF).			
			☑ Corporation ☐ Trust ☐ Association ☐ Other						
L	Add line	s 5b, 6c, and 7	b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if to	tal assets					
			are \$500,000 or more, file Form 990 instead of Form 990-EZ		. ▶ \$	60,699			
_	Part I		, Expenses, and Changes in Net Assets or Fund Balances (see th			rt I)			
-	<u></u>		e organization used Schedule O to respond to any question in this Part I						
_	1		gifts, grants, and similar amounts received		1	485			
ල	2		ice revenue including government fees and contracts		2				
2016	3		dues and assessments		3	1,386			
	1				4	24			
€	5a	Gross amoun	t from sale of assets other than incortal V.ED						
(2)			other basis and sales expenses						
MAR	6	Gain or (loss)	from sale of assets of the Hithan inventory (Suppress line Suffrom line 5a)		5c				
\geq	6		Gain or (loss) from sale of assets oth an ipventon இழிந்து line of from line 5a)						
	1	Gross income							
SCANNED	3 "	Gross income \$15,000) .							
2	h	-	ns						
			e from fundraising events (not including \$ of contribution of contribut						
Q ⁻			gross income and contributions exceeds \$15,000) 6b	49,276					
W			xpenses from gaming and fundraising events 6c	26,038					
	1		r (loss) from gaming and fundraising events (add lines 6a and 6b and subtract	20,000					
	"				6d	23,238			
	72	/	of inventory, less returns and allowances	9,528	Ju	23,230			
)	Less: cost of		9,217					
			or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	311			
		· ·	e (describe in Schedule O)		8				
	,		e. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	25,444			
_	10		imilar amounts paid (list in Schedule O)		10	25/111			
	11		to or for members		11				
	12	•	er compensation, and employee benefits		12				
Fynonses	13		fees and other payments to independent contractors		13	1,199			
2	1 14		rent, utilities, and maintenance		14	4,792			
, ,	14	• •	ications, postage, and shipping		15	207			
									
	16		ses (describe in Schedule O)		16 17	17,858 24,056			
_	17		ses. Add lines 10 through 16		18				
Ų	18				19	1,388			
9	19		fund balances at beginning of year (from line 27, column (A)) (must agree with		10	17 257			
Not Accote	[]	-	gure reported on prior year's return)		19	17,357			
2		_	es in net assets or fund balances (explain in Schedule O)		20	10 545			
=	21		fund balances at end of year. Combine lines 18 through 20	<u></u>	21	18,745			
F	or Paper EA	work Reduction	on Act Notice, see the separate instructions.			Form 990-EZ (2014			

Form 990-EZ (2014) SKYLINE ELEMENTARY PTA			73-1	1052	994 Page 2
Part II Balance Sheets (see the instructions for Part II)	4 11	D-411			П
Check if the organization used Schedule O to respond to	any question in this			; ; ;	(P) End of year
22 Cash, savings, and investments			ginning of year 17,357	22	(B) End of year 18,745
23 Land and buildings		· · · · · · · · · · · · · · · · · · ·	0	23	0
24 Other assets (describe in Schedule O)				24	
25 Total assets			17,357	25	18,745
26 Total liabilities (describe in Schedule O)			0	26	0
27 Net assets or fund balances (line 27 of column (B) must agree	with line 21)		17,357	27	18,745
Part III Statement of Program Service Accomplis	hments (see the in	structions for Part II)	T	Expenses
Check if the organization used Schedule O to respond	to any question in this	Part III	<u> </u>	/Rec	quired for section
What is the organization's primary exempt purpose? SCHOOL SUPP	ORT BY PTA		<u> </u>	Ι, .	(c)(3) and 501(c)(4)
Describe the organization's program service accomplishments for each as measured by expenses. In a clear and concise manner, describe to persons benefited, and other relevant information for each program to	he services provided,			orga	inizations, optional for others)
28 TEACHER GRANTS					
					
(Constant)	Judaa faraiga granta	shook hose		200	2,360
(Grants \$) If this amount inc	ludes foreign grants,	CHECK Here	· · · · · <u>P</u> <u> </u>	28a	2,360
				}	
(Grants \$) If this amount inc	ludes foreign grants,	check here	▶ 🗍	29a	
30					
(Grants \$) If this amount inc	ludes foreign grants,	check here	<u></u> ▶ 🔲	30a	
31 Other program services (describe in Schedule O)]	
	ludes foreign grants,			31a	
32 Total program service expenses (add lines 28a through 31a)				32	
Part IV List of Officers, Directors, Trustees, and Key Emplo					
Check if the organization used Schedule O to respond	to any question in this				<u>····</u>
43.11	(b) Average	(c) Reportable compensation	(d) Health benefits		
(a) Nome and title	bours por wask		contributions to emp		(e) Estimated amount of
(a) Name and title	hours per week devoted to position	(Forms W-2/1099-MISC)	benefit plans, an	oloyee	(e) Estimated amount of other compensation
	·	(Forms W-2/1099-MISC) (If not paid, enter -0-)	1	oloyee	
GINA HUBBARD DIRECTOR TREASURER	·	(Forms W-2/1099-MISC)	benefit plans, and deferred compensa	oloyee	
GINA HUBBARD	devoted to position	(Forms W-2/1099-MISC) (If not paid, enter -0-) STMA01	benefit plans, and deferred compensa	oloyee d ation	other compensation
GINA HUBBARD DIRECTOR TREASURER	devoted to position	(Forms W-2/1099-MISC) (If not paid, enter -0-) STMA01	benefit plans, andeferred compensa	oloyee d ation	other compensation
GINA HUBBARD DIRECTOR TREASURER APRIL EBEY	devoted to position	(Forms W-2/1099-MISC) (If not paid, enter -0-) STMA01	benefit plans, andeferred compensa	oloyee d ation	other compensation
GINA HUBBARD DIRECTOR TREASURER APRIL EBEY PRESIDENT TRISH MCPEEK CO PRESIDENT	devoted to position	(Forms W-2/1099-MISC) (If not paid, enter -0-) STMA01	benefit plans, and deferred compensation	oloyee d ation	other compensation
GINA HUBBARD DIRECTOR TREASURER APRIL EBEY PRESIDENT TRISH MCPEEK CO PRESIDENT NICOLA ALLISON	2.00 2.00	(Forms W-2/1099-MISC) (If not paid, enter -0-) STMA 0 1	benefit plans, and deferred compensation	oloyee d ation 0	other compensation 0 0
GINA HUBBARD DIRECTOR TREASURER APRIL EBEY PRESIDENT TRISH MCPEEK CO PRESIDENT NICOLA ALLISON MEMBERSHIP CHAIR	devoted to position 2.00	(Forms W-2/1099-MISC) (If not paid, enter -0-) STMA 0 1	benefit plans, and deferred compensation	oloyee d ation	other compensation 0
GINA HUBBARD DIRECTOR TREASURER APRIL EBEY PRESIDENT TRISH MCPEEK CO PRESIDENT NICOLA ALLISON MEMBERSHIP CHAIR SIMON RIGNSMUTH	2.00 2.00 1.00	(Forms W-2/1099-MISC) (If not paid, enter -0-) STMA01	benefit plans, and deferred compensation	oloyee d ation 0 0 0 0 0	other compensation 0 0 0
GINA HUBBARD DIRECTOR TREASURER APRIL EBEY PRESIDENT TRISH MCPEEK CO PRESIDENT NICOLA ALLISON MEMBERSHIP CHAIR SIMON RIGNSMUTH WAYS AND MEANS	2.00 2.00	(Forms W-2/1099-MISC) (If not paid, enter -0-) STMA 0 1	benefit plans, and deferred compensation	oloyee d ation 0	other compensation 0 0
GINA HUBBARD DIRECTOR TREASURER APRIL EBEY PRESIDENT TRISH MCPREK CO PRESIDENT NICOLA ALLISON MEMBERSHIP CHAIR SIMON RIGNSMUTH WAYS AND MEANS SARAH STURZENBECKER	2.00 2.00 1.00 1.00	(Forms W-2/1099-MISC) (If not paid, enter -0-) STMA 0 1	benefit plans, and deferred compensation	oloyee d ation	other compensation 0 0 0 0
GINA HUBBARD DIRECTOR TREASURER APRIL EBEY PRESIDENT TRISH MCPEEK CO PRESIDENT NICOLA ALLISON MEMBERSHIP CHAIR SIMON RIGNSMUTH WAYS AND MEANS	2.00 2.00 1.00	(Forms W-2/1099-MISC) (If not paid, enter -0-) STMA01	benefit plans, and deferred compensation	oloyee d ation 0 0 0 0 0	other compensation 0 0 0
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GINA HUBBARD DIRECTOR TREASURER APRIL EBEY PRESIDENT TRISH MCPREK CO PRESIDENT NICOLA ALLISON MEMBERSHIP CHAIR SIMON RIGNSMUTH WAYS AND MEANS SARAH STURZENBECKER	2.00 2.00 1.00 1.00	(Forms W-2/1099-MISC) (If not paid, enter -0-) STMA 0 1	benefit plans, and deferred compensation	oloyee d ation	other compensation O O O

73-1052994

Par	Other Information (Note the Schedule A and personal benefit contract statement requirements in the			_
h		;		
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			ĺ
	detailed description of each activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O (see instructions)	34		X
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		X
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	35b		
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			
_	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			
••	during the year? If "Yes," complete applicable parts of Schedule N	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
	Did the organization file Form 1120-POL for this year?	37b		Х
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
00 u	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
h	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities	1		
	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under:]		
	section 4911 ▶ ; section 4912 ▶; section 4955 ▶			
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		X
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		1	
	transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed OK			
42 a	The organization's books are in care of ▶ SKYLINE ELEMENTARY PTA Telephone no. ▶ 405-8		120	
	Located at ▶ 1402 E SUNRISE, STILLWATER, OK ZIP+4 ▶ 74075	; 		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		<u> X</u>
	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		1	
	Financial Accounts (FBAR).	42c	1	х
С	At any time during the calendar year, did the organization maintain an office outside the U.S?	420		
	If "Yes," enter the name of the foreign country			. [
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here			
	and enter the amount of tax-exempt interest received or accrued during the tax year	<u> </u>	Yes	No
44 -	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		1.00	1
44 a		44a		X
	completed instead of Form 990-EZ		1	†-
r.	completed instead of Form 990-EZ	44b	,	X
_	Did the organization receive any payments for indoor tanning services during the year?	44c	+	X
	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	1	1	1
•	explanation in Schedule O	440	ı	
AE -	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the	-		T-***
•	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of		‡	
	Form 990-EZ (see instructions)	45b	<u></u>	<u>x</u>
_		Form 9	on-F2	(2014

Total number of other employees paid over \$100,000 Por generation of the stable of the organization of the horizones and houses sides of each hotipendent contractors such to promote the stable for the organization of the promote the stable for the organization used Schedule O to respond to any question in this Part VI	Form 990-EZ (2	2014) SKYLINE ELEMENTA	ARY PTA		73-1	L052994	F	Page 4
Total number of other employees paid over \$100,000 Part VI Section Softer of the organizations accepted to provide the table of the organization sused softened to provide the provided content of the organization sused softened to provide softened sof	_						Yes	No
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 147 147 148 15 the organization angage in lobbying activities or have a section 501(h) election in effect during the tax 147 148 15 the organization activities of nection 170(b)(1)(h)(h))" if "Yes," complete Schedule C, Part II 148 15 the organization activities of section 527 organization? 148 15 the organization activities of section 527 organization? 149 15 the organization activities and key of the organization activities of the section 527 organization? 149 15 the organization activities of the section 527 organization? 149 15 the organization activities of the section 527 organization? 149 15 the organization activities of the section 527 organization? 15 the organization of the section 527 organization? 15 the organization of the section 527 organization of the first organization in the organization. If there is one, enter 'None.' 15 the organization organization organization organization organization organization organization organization organization. If there is none, enter 'None.' 15 the organization orga	46 Did th	ne organization engage, directly or indirectly,	ın political campaign act	ivities on behalf of or in o	pposition			
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 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "res", complete Schedule C, Part II 47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "res", complete Schedule C, Part II 48 Is the organization as active as described in section 170(h)(1)(A)(h)) If "Yes", complete Schedule E 49 Did the organization was any transfer to an exempt non-charable related organization? 49 Did the organization was any transfer to an exempt non-charable related organization. If there is none enter *None employees between the stable for the organization as active 32 organization. 49 Did the organization and the organization as active 32 organization. If there is none enter *None employees between the organization and the organization. If there is none enter *None exemption between the organization in the organization. If there is none enter *None exemption between the organization in the organization. If there is none enter *None exemption between the organization in the organization. If there is none exemption to omperate organization and the organization organization or the organization organ				<u> </u>	<u> </u>	46		X
So and 51. Check if the organization used Schedule O to respond to any question in this Part VI 17 Did the organization engage in lobbying activates or have a section 50(th) election in effect during the tax 18 year? If "Yes," complete Schedule C, Part II 18 Is the organization as school as described in section 170(b)(1)(A)(4)? If "Yes," complete Schedule E 19 Did the organization make any transfers to an exempt non-chanabolar related organization? 10 If "Yes," was the related organization as each of 27 organization? 10 If "Yes," was the related organization as each of 27 organization? 10 If "Yes," was the related organization as each of 27 organization? 10 If "Yes," was the related organization as each of 27 organization? 10 If "Yes," was the related organization as each of 27 organization? 10 If "Yes," was the related organization as each of 27 organization? 10 If "Yes," was the related organization as each of 28 organization? 10 If "Yes," was the related organization as each of 28 organization? 10 If "Yes," was the related organization as each of 28 organization? 10 If "Yes," was the related organization as each organization as each organization. If there is none, enter "Note." 10 If "Yes," was the related organization as each organization. If there is none, enter "Note." 11 Total number of other employees paid over \$10,000 12 Organization as a considered organization as each received compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "Note." 10 Organization or compensation from the organization. If there is none, enter "Note." 11 Total number of other independent contractors each received contents of eyes with the reasoned as each received more than \$100,000 of compensation from the organization as each received compensation from the organization of enter "Note." 12 Organization organizat	Part VI			47.401 1.50	1 1 1 11 11			
Check if the organization used Schedule O to respond to any question in this Part VI Vest No. Vest No. Vest No.		, , , , -	must answer quest	ions 47-49b and 52,	and complete the t	ables for I	ines	
Ves No Ves Ves No Ves Ves No Ves V			adula O ta raspand	to any avestion in t	thic Dort VI			
A		Check if the organization used Sch	edule O to respond	to any question in	inis Part VI			<u> </u>
Vest 1 Vest Complete Schedule C. Part II X 34 18 the organization as school as described in section 170(b)(1)(A)(ii)* If "Yest," complete Schedule E 48 X 49a X 49b Uther organization and section 4 49b X	47 Did #	no organization angego in labbuma activities o	or house a section E01/h)	alastian in affact during	the toy		res	NO
## Total number of other employees paid over \$100,000 ## Total number of other employees paid over \$100,000 ## Total number of other employees paid over \$100,000 ## Total number of other employees paid over \$100,000 ## Total number of other employees paid over \$100,000 ## Total number of other employees paid over \$100,000 ## Total number of other employees paid over \$100,000 ## Total number of other employees paid over \$100,000 ## Total number of other employees paid over \$100,000 ## Total number of other employees paid over \$100,000 ## Total number of other employees paid over \$100,000 ## Total number of other employees paid over \$100,000 ## Total number of other employees paid over \$100,000 ## Total number of other employees paid over \$100,000 ## Total number of other employees paid over \$100,000 ## Total number of other independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter *None.* ## Total number of other independent contractors such receiving over \$100,000 ## Total number of other independent contractors each receiving over \$100,000 ## Total number of other independent contractors each receiving over \$100,000 ## Total number of other independent contractors each receiving over \$100,000 ## Total number of other independent contractors each receiving over \$100,000 ## Total number of other independent contractors each receiving over \$100,000 ## Total number of other independent contractors each receiving over \$100,000 ## Total number of other independent contractors each receiving over \$100,000 ## Total number of other independent contractors each receiving over \$100,000 ## Total number of other independent contractors each receiving over \$100,000 ## Total number of other independent contractors each receiving over \$100,000 ## Total number of other independent contractors each receiving over \$100,000 ## Tota						47		v
49a								
b If "Yes" was the related organization a section \$27 organization. If there is none, enter "None." 48b								
d Total number of other employees paid over \$100,000 ► Total number of other employees paid over \$100,000 ► Total number of other independent contractors each received more than \$100,000 ► Total number of other independent contractors each received more than \$100,000 ► Total number of other independent contractors each received more than \$100,000 ► Total number of other independent contractors each received more than \$100,000 ► Total number of other independent contractors each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and business address of each independent contractors each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and business address of each independent contractors each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (b) Type of service (c) Compensation		-		-		_		 -
employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (e) Name and tide of each employee			=	yees (other than officers	, directors, trustees and	key		L
(a) Name and talle of each employee Competent to the compensation Competent to the compensation	emple	oyees) who each received more than \$100,00	00 of compensation from	the organization. If the	re is none, enter "None.'			
(a) Name and title of each employee	•		(b) Average	(c) Reportable		(a) Fatomet		-4 -6
f Total number of other employees pard over \$100,000 ▶ 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and business address of each independent contractor (b) Type of service (c) Compensation NONE d Total number of other independent contractors each receiving over \$100,000 ▶ 52 Did the organization complete Schedule A' Note. All section 501(c)(3) organizations must attach a complete Schedule A 10 Locer penalises of penalise and statements, and is the best of my knowledge and belief, it is true, correct, and complete Destantion of preparer (other than officer) is based on ell infogration of which preparer has any knowledge 11 Total number of other independent contractors each receiving over \$100,000 ▶ 12 Yes No 13 Yes No 14 Yes No 15 Yes No 15 Yes No 16 Yes No 17 Yes Organization organization organization organization of which preparer has any knowledge and belief, it is self-employed supplied of officer 15 Yes No 16 Yes No 17 Yes No 18 Yes No		(a) Name and title of each employee				1		
f Total number of other employees paid over \$100,000			devoted to position	(Forms W-2/1099-MISC)	compensation			
f Total number of other employees paid over \$100,000								
Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and business address of each independent contractor (b) Type of service (c) Compensation NONE d Total number of other independent contractors each receiving over \$100,000 52 Did the organization complete Schedule A? Note. All section \$501(c)(3) organizations must attach a completed Schedule A	NONE							
Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and business address of each independent contractor (b) Type of service (c) Compensation NONE d Total number of other independent contractors each receiving over \$100,000								
Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and business address of each independent contractor (b) Type of service (c) Compensation NONE d Total number of other independent contractors each receiving over \$100,000								
Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and business address of each independent contractor (b) Type of service (c) Compensation NONE d Total number of other independent contractors each receiving over \$100,000								
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(a) Name and business address of each independent contractor (b) Type of service (c) Compensation (d) Total number of other independent contractors each receiving over \$100,000 ▶ 20 Did the organization complete Schedule A? Note. All section 501(c)(3) organizations must attach a completed Schedule A ▶ ☑ Yes □ No Under penalties of penjury, I declare that I have examined this ratum, 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 office) is based on all information of which preparer has any knowledge Sign Here Penul Type preparer's name Preparer's signifure TOM J DUGGER Firm's name Date Check □ f Poil Pilin poil Pilin poil Dugger Firm's name Proparer's signifure TOM J DUGGER AND CO CPAS FC Firm's name POD 1713 Still Water OK 74076 Phone no 405-372-3909 May the IRS discuss this return with the preparer shown above? See instructions P ☑ Yes □ No	51 Comp	plete this table for the organization's five high	est compensated indepe	endent contractors who e	each received more than			
d Total number of other independent contractors each receiving over \$100,000 ▶ 2D Did the organization complete Schedule A? Note. All section 501(c)(3) organizations must attach a completed Schedule A ▶	\$100	,000 of compensation from the organization.	If there is none, enter "N	lone."	1			
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	((a) Name and business address of each independent contra	ictor	(b) Type of service	е ((c) Compensation	on	
d Total number of other independent contractors each receiving over \$100,000 ▶ 2 Did the organization complete Schedule A? Note. All section 501(c)(3) organizations must attach a completed Schedule A	-							
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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		·	, ,, ,			▶ X Yes	. 🗆	No
Correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge				•		<u> </u>	· <u> </u>	
Sign Here GINA HUBBARD Signature of officer GINA HUBBARD, TREASURER Type or print name and title Print/Type preparer's name Preparer Firm's name Date Check ☐ if self-employed p00083911 Firm's name Firm's address POB 1713 Stillwater OK 74076 May the IRS discuss this return with the preparer shown above? See instructions O2-11-2016 Date Check ☐ if self-employed p00083911 Firm's EIN ▶ 73 (346562) Phone no 405-372-3909	·							
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SCHEDULE A

(Form 990 or 990-EZ)

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.

2014

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Employer identification number Name of the organization SKYLINE ELEMENTARY PTA 73-1052994 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is. (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). \Box 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) Я An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Provide the following information about the supported organization(s) (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-9 listed in your governing support (see other support (see above or IRC section instructions) instructions) document? (see instructions)) Yes No (A) (B) (C) (D) (E) Total

73-1052994

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Celendary year (or fiscal year beginning in) Gills, grafts, contributions, and income from arrials of the protection of the company of the	360	tion A. Public Support						
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15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization				· ·	•			▶ 📋
Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	b							
supported organization		15 is 10% or more, and if the organization	meets the "facts-a	ind-circumstances	s" test, check this I	oox and stop here	•	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see						=		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see								▶ 🔲
ınstructions	18							- -
		instructions	<u></u>				<u> </u>	▶ 🛚

73-1052994

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.)

Sec	ction A. Public Support					-	
Cale	endar 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 ")		1,434	20,668	19,039	1,871	43,012
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		53,138	67,808	56,479	58,804	236,229
3	Gross receipts from activities that are not an unrelated trade or bus under sec 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		54,572	88,476	75,518	60,675	279,241
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						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)						279,241
Sec	ction B. Total Support		· · · · · · · · · · · · · · · · · · ·				
Cale	endar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6		54,572	88,476	75,518	60,675	279,241
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			35	33	24	92
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b			35	33	24	92
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.)	0	54,572	88,511	75,551	60,699	279,333
	First five years. If the Form 990 is for the o organization, check this box and stop here	<u> </u>	<u></u>				▶□
	ction C. Computation of Public Su	pport Percent	tage				
15	Public support percentage for 2014 (line 8,	, ,	•	1		15	99.97 %
16	Public support percentage from 2013 Scheo			· · · · · · · · · · · · · · · · · · ·		16	100.00 %
Se	ction D. Computation of Investmen						
17	Investment income percentage for 2014 (lin	e 10c, column (f) o	divided by line 13, o	column (f))		17	0.00 %
18	Investment income percentage from 2013 S	schedule A, Part III	l, line 17		• • • • • • • • •	18	%
19a	33 1/3% support tests - 2014. If the organia 17 is not more than 33 1/3%, check this box						▶ 🏻
b	33 1/3% support tests - 2013. If the organi line 18 is not more than 33 1/3%, check this	s box and stop her	re. The organizatio	n qualifies as a pu	blicly supported or	rganization	
20	Private foundation. If the organization did i	not check a box or	n line 14, 19a, or 19	9b, check this box	and see instructio	ns	▶ 🔲

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.

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

2014

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

					Cilipioyer ide	ittiication number
					73-10	52994
. Complete if	the organi	zation ans	swered "Yes" to F	orm 990), Part IV,	line 17.
			tivities. Check all that	apply.		
	9 A	Special lune	araising events			
-					_	=
•	-		-			
viduals or entities	(fundraisers	s) pursuant t	o agreements under v	which the	fundraiser is	to be
organization						
	(iii) Did fun	draiser have				(vi) Amount paid to
(ii) Activity						(or retained by)
, , ,	contrib	utions?	nom activity			organization
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on is registered or	licensed to	solicit contri	butions or has been n	otified it is	exempt fron	n
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	t required to corused funds throughor oral agreements, Part VII) or entitividuals or entities organization (ii) Activity	trequired to complete this used funds through any of the e	trequired to complete this part. Ised funds through any of the following active of the solicitation of Soli	trequired to complete this part. Insed funds through any of the following activities. Check all that	trequired to complete this part. Issed funds through any of the following activities. Check all that apply. Example Solicitation of non-government grants Government grants Solicitation of government grants Government grants Solicitation of government grants Government grants Government grants G	a. Complete if the organization answered "Yes" to Form 990, Part IV, trequired to complete this part. Insect trequired to complete this part.

		than \$15,000 of fundraising gross receipts greater than				LISC GVCITES WILL
_	_	gross receipts greater triair	(a) Event #1 PTA SPONSOR	(b) Event #2	(c) Other events NONE	(d) Total events (add col (a) through col (c))
Revenue	1	Gross receipts	(event type)	(event type)	(total number)	49,276
R	2	Less: Contributions				
		line 2)	49,276			49,276
	4	Cash prizes				
	5	Noncash prizes		· · · · · · · · · · · · · · · · · · ·		
enses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Ō	8	Entertainment				· · · · · · · · · · · · · · · · · · · ·
	9	Other direct expenses	26,038			26,038
	10 11	Direct expense summary Add lines Net income summary. Subtract lines		•	i i	26,038
Pa	rt II	Gaming. Complete if the o				
		than \$15,000 on Form 990	-EZ, line 6a.			
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Re	1	Gross revenue				
ses	2	Cash prizes				
t Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				·····
	6	Volunteer labor	☐ Yes % ☐ No	☐ Yes % ☐ No	☐ Yes % ☐ No	
	7	Direct expense summary. Add lines	s 2 through 5 in column (d	١		
		•	s z unough 5 m column (a	,		
	8	Net gaming income summary Sub				
9 a	En Is	Net gaming income summary Subter the state(s) in which the organization licensed to conduct	tract line 7 from line 1, colu ation conducts gaming acti gaming activities in each o	umn (d)		Yes No
10a	En Is i	Net gaming income summary Subter the state(s) in which the organization licensed to conduct No," explain: ere any of the organization's gaming	tract line 7 from line 1, colution conducts gaming activities in each of the columns of the colu	vities: of these states?	he tax year?	

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Employer Identification number

SKYLINE ELEMENTARY PTA

73-1052994

SKILINE BLEMENIAKI PIA		73-1032334
01. Description of other exper	nses (Part I, line 16)	
DESCRIPTION	AMOUNT	
FAMILY NIGHTS	402	
ART	1,697	
MEMBERSHIPS	16	
BICYCLE TRACK	9,000	
PLAYGROUND	657	
TEACHER APPRECIATION	437	· · · · · · · · · · · · · · · · · · ·
INSURNCE	280	
CURRICULUM	270	
TEACHER GRANTS	2,360	
FIELD TRIPS	2,604	
DEPOSIT CORRECTION/HANDLING FEE	135	
		-
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