



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



## Return of Organization Exempt From Income Tax

2014

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

Open to Public  
InspectionDepartment 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](http://www.irs.gov/form990).

A For the 2014 calendar year, or tax year beginning July 1, 2014, and ending June 30, 2015

B Check if applicable:

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

C Name of organization

Boals Elementary PTA

Number and street (or P.O. box, if mail is not delivered to street address)

2035 Jaguar Dr.

D Employer identification number

74 3088778

City or town, state or province, country, and ZIP or foreign postal code

Frisco, TX 75033-0936

E Telephone number

469-633-3300

F Group Exemption

Number ► 1889

G Accounting Method:  Cash  Accrual Other (specify) ►I Website: ► [www.boalspta.org](http://www.boalspta.org)J Tax-exempt status (check only one) —  501(c)(3)  501(c) ( ) ◀ (insert no.)  4947(a)(1) or  527H 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 ► \$ 90,675

## Part II 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	0
	2 Program service revenue including government fees and contracts . . . . .	2	0
	3 Membership dues and assessments . . . . .	3	1594
	4 Investment income . . . . .	4	0
	5a Gross amount from sale of assets other than inventory . . . . .	5a	0
	b Less: cost or other basis and sales expenses . . . . .	5b	0
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	5c	0
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	6a	0
	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	80,174
	c Less: direct expenses from gaming and fundraising events . . . . .	6c	35,447
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	6d	44,727
	7a Gross sales of inventory, less returns and allowances . . . . .	7a	5,479
	b Less: cost of goods sold . . . . .	7b	5,772
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	7c	(293)
	8 Other revenue (describe in Schedule O) . . . . .	8	3,428.00
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►	9	49,456
Expenses	10 Grants and similar amounts paid (list in Schedule O) . . . . .	10	2,655
	11 Benefits paid to or for members . . . . .	11	0
	12 Salaries, other compensation, and employee benefits . . . . .	12	0
	13 Professional fees and other payments to independent contractors . . . . .	13	0
	14 Occupancy, rent, utilities, and maintenance . . . . .	14	0
	15 Printing, publications, postage, and shipping . . . . .	15	468
	16 Other expenses (describe in Schedule O) . . . . .	16	35,453
Net Assets	17 Total expenses. Add lines 10 through 16 . . . . .	17	38,576
	18 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18	10,880
	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	18,266
	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	29,146

D  
22

## 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 . . . . .

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments . . . . .	18,266	22 29,146
23 Land and buildings . . . . .	0	23 0
24 Other assets (describe in Schedule O) . . . . .	0	24 0
<b>25 Total assets . . . . .</b>	<b>0</b>	<b>25 0</b>
<b>26 Total liabilities (describe in Schedule O) . . . . .</b>	<b>0</b>	<b>26 0</b>
<b>27 Net assets or fund balances (line 27 of column (B) must agree with line 21) . . . . .</b>	<b>18,266</b>	<b>27 29,146</b>

**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 . . . 

What is the organization's primary exempt purpose? to support students, parents, and teachers

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.

**Expenses**  
(Required for section  
501(c)(3) and 501(c)(4)  
organizations; optional for  
others)

28	School Donation of Curriculum and Books- Instructional Supplies, Special Ed. Supplies, Guided Reading Books, Welcome to Kinder books, School Project Donation- Art room shelves and bins, Team Big Air for red ribbon week, STAAR Field Guides, educational materials  (Grants \$ ) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	28a	8,663
29	School Technology/i-pads- donated i-pads and covers to the school for use by the students and teachers in instruction and learning.  (Grants \$ ) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	29a	9,460
30	Student Programs- Various programs were presented to all students ( Perot Museum, High Flying Excitement, Sky Dome, High Touch/High Tech, Mobile Ed. Productions  (Grants \$ ) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	30a	7,928
31	Other program services (describe in Schedule O)  (Grants \$ ) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	31a	7,730
32	<b>Total program service expenses</b> (add lines 28a through 31a) . . . . . ► <input type="checkbox"/>	32	33,781

**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

**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

	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	✓
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) . . . . .	34	✓
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? . . . . .	35a	✓
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	✓
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	✓
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a	37a	
b Did the organization file Form 1120-POL for this year? . . . . .	37b	✓
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? . . . . .	38a	✓
b If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .	38b	
39 Section 501(c)(7) organizations. Enter:	39a	
a Initiation fees and capital contributions included on line 9 . . . . .	39b	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► _____ ; section 4912 ► _____ ; section 4955 ► _____	40b	
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	40c	✓
c 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 . . . . . ► _____	40d	
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . ► _____	40e	✓
e 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 . . . . .		
41 List the states with which a copy of this return is filed ► _____		
42a The organization's books are in care of ► _____ Telephone no. ► _____ Located at ► _____ ZIP + 4 ► _____	42b	✓
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ► _____ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	42c	✓
c At any time during the calendar year, did the organization maintain an office outside the U.S.? . . . . . 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 . . . . . ► 43	43	
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	✓
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .	44b	✓
c Did the organization receive any payments for indoor tanning services during the year? . . . . .	44c	✓
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .	44d	✓
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	45a	✓
b 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-EZ (see instructions) . . . . .	45b	✓

**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 . . . . .

		Yes	No
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	✓
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	✓
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	✓
b	If "Yes," was the related organization a section 527 organization?	49b	✓
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."		

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."

(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 . . ►

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	<input checked="" type="checkbox"/> <u>Katherine Woolston, President</u> Signature of officer	<input type="checkbox"/> <u>Katherine Woolston, President</u> Type or print name and title	8/11/15 Date
--------------	--	---	-----------------

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> 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

Department of the Treasury  
Internal Revenue Service

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

► Attach to Form 990 or Form 990-EZ.

**4947(a)(1) nonexempt charitable trust.**

---

**Name of the organization**

**Employer identification number**

74 3088778

**Part I** Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.  
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)**.  
4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:  
5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)  
6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.  
7  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.)  
8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)  
9  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.  
a  **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**.  
d  **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**.  
e  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.  
f Enter the number of supported organizations . . . . .  
g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
4 <b>Total.</b> Add lines 1 through 3 . . . . .						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . .						
6 <b>Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar 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, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
9 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI) . . . . .						
11 <b>Total support.</b> Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions) . . . . .					12	
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ► <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) . . . . .	14	%
15 Public support percentage from 2013 Schedule A, Part II, line 14 . . . . .	15	%
16a <b>33 1/3% support test—2014.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
b <b>33 1/3% support test—2013.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
17a <b>10%-facts-and-circumstances test—2014.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
b <b>10%-facts-and-circumstances test—2013.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ► <input type="checkbox"/>		

**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.)

**Section A. Public Support**

Calendar 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.")	1,343	1,687	8,359	7,262	8,554	27,205
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 . . .	14,542	17,019	80,752	88,875	82,120	283,308
3 Gross receipts from activities that are not an unrelated trade or business under section 513	0	0	0	0	0	0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . .	0	0	0	0	0	0
5 The value of services or facilities furnished by a governmental unit to the organization without charge . . .	0	0	0	0	0	0
6 <b>Total.</b> Add lines 1 through 5 . . .	15,885	18,706	89,111	96,137	90,674	310,513
7a Amounts included on lines 1, 2, and 3 received from disqualified persons .	0	0	0	0	0	0
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	0	0	0	0	0	0
c Add lines 7a and 7b . . .	0	0	0	0	0	0
8 <b>Public support</b> (Subtract line 7c from line 6.) . . . . .						310,513

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6 . . . . .	15,885	18,706	89,111	96,137	90,674	310,513
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .	0	0	0	0	0	0
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . .	0	0	0	0	0	0
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	0	0	0	0	0	0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .	0	0	0	0	0	0
13 <b>Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .	5,681	7,581	0	0	0	13,262
14 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . . . . . ► <input type="checkbox"/>	21,566	26,287	89,111	96,137	90,674	323,775

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) . . . . .	15	96 %
16 Public support percentage from 2013 Schedule A, Part III, line 15 . . . . .	16	95 %

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f)) . . . . .	17	0 %
18 Investment income percentage from 2013 Schedule A, Part III, line 17 . . . . .	18	0 %
19a <b>33 1/3% support tests—2014.</b> If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization . . ► <input checked="" type="checkbox"/>		
b <b>33 1/3% support tests—2013.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
20 <b>Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		



11 Does the organization conduct gaming activities with nonmembers?  Yes  No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

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?  Yes  No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_

c If "Yes," enter name and address of the third party:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

16 Gaming manager information:

Name ► \_\_\_\_\_

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided ► \_\_\_\_\_

Director/officer  Employee  Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ \_\_\_\_\_

**Part IV. 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).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

	(a) Event #1 Fun Run (event type)	(b) Event #2 Spring Carnival (event type)	(c) Other events (total number)	(d) Total events (add col. (a) through col. (c))
Revenue				
1 Gross receipts . . . . .	60,138	10,622		70,760
2 Less: Contributions . . .	0	0		0
3 Gross income (line 1 minus line 2) . . . . .	60,138	10,622		70,760
Direct Expenses				
4 Cash prizes . . . . .	0	0		0
5 Noncash prizes . . . . .	0	260		260
6 Rent/facility costs . . . .	0	84		84
7 Food and beverages . . . .	0	831		831
8 Entertainment . . . . .	0	2,156		2,156
9 Other direct expenses . . .	31,491	161		31,652
10 Direct expense summary. Add lines 4 through 9 in column (d) . . . . .				34,983
11 Net income summary. Subtract line 10 from line 3, column (d) . . . . .				35,777

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue				
1 Gross revenue . . . . .				
Direct Expenses				
2 Cash prizes . . . . .				
3 Noncash prizes . . . . .				
4 Rent/facility costs . . . .				
5 Other direct expenses . . .				
6 Volunteer labor . . . . .	<input type="checkbox"/> Yes ..... % <input type="checkbox"/> No ..... %	<input type="checkbox"/> Yes ..... % <input type="checkbox"/> No ..... %	<input type="checkbox"/> Yes ..... % <input type="checkbox"/> No ..... %	
7 Direct expense summary. Add lines 2 through 5 in column (d) . . . . .				►
8 Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . .				►

9 Enter the state(s) in which the organization conducts gaming activities:

a Is the organization licensed to conduct gaming activities in each of these states? . . . . .  Yes  No  
b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . .  Yes  No  
b If "Yes," explain: \_\_\_\_\_

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**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

**2014**

**Open to Public  
Inspection**

► 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](http://www.irs.gov/form990).

Name of the organization  
Boals Elementary PTA

Employer identification number  
74 3088778

Part I, Line 8- Other Revenue

Class Party Fund \$3,428

Part I, Line 10- Grants & Similar Amounts Paid

Frisco ISD Council of PTA's (dues) \$75

Frisco Education Foundation (scholarships) \$1,500

New School Contributions for PTAs \$1,080

Part I, Line 16- Other Expenses, Part III, Line 31- Other Program Services

Administration \$39.88

Insurance \$720

Publicity \$435.59

Teacher Luncheon Paper Goods \$40.14

Training & Seminars \$320

\*Class Parties \$3610.47

\*Field Day \$478.52

\*Hospitality \$2417.08

\*Reflections \$60.04

\*Teacher Appreciation \$798.14

\*Watchdogs \$366.13

School Donation- Technology \$9,460

Student Programs \$7,927.75

School Donation- Curriculum & Books \$8,662.50

Safety & Environmental \$82.42

Treasurer \$34

\*Indicates Other Program Services (not listed in Part III, IFines 28-30), the total of which is shown in Part III, Line 31a

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

Cat. No. 51056K

Schedule O (Form 990 or 990-EZ) (2014)

990-EZ 2014

July 1, 2014 - 30-Jun-15

Revenue		Part I, Line 6b - Fundraising		Part I, Line 6c - Direct Expenses	
Line 1	\$ -	Book Fairs	\$ 2,452.77	Fall BF	\$ 238.42
Line 2	\$ -	Box Tops	\$ 1,188.10	Spring BF	\$ -
Line 3	\$ 1,594	Spirit Nights	\$ 5,773.19	Boosterthon	\$ 31,491.13
Line 4	\$ -	Boosterthon	\$ 60,137.86	Spring Carnival	\$ 3,717.13
Line 5c	\$ -	Spring Carnival	\$ 10,622.02	total	\$ 35,446.68
Line 6d	\$ 44,727	total	\$ 80,173.94	Line 6d	\$ 44,727.26
Line 7c	\$ (293)				
Line 8	\$ 3,428	Part I, Line 7a - Gross Sales			
Line 9	\$ 49,456	WD tshirts	\$ 1,392.72	Part I, Line 7b - Cost	
		FD tshirts	\$ 4,086.50	WD tshirts	\$ 1,145.40
		total	\$ 5,479.22	FD tshirts	\$ 4,626.50
				total	\$ 5,771.90
Expenses		Line 7c	\$ (292.68)		
Line 10	\$ 2,655				
Line 11	\$ -	Part I, Line 15 - Printing			
Line 12	\$ -		\$ -		
Line 13	\$ -	Healthy Ship	\$ 245.43		
Line 14	\$ -	PTA Paper Usage	\$ 154.64		
Line 15	\$ 468	Treasurer postage	\$ 8.00		
Line 16	\$ 35,453	Boxtop Ship	\$ 59.47		
Line 17	\$ 38,576	total	\$ 467.54		
Net Assets		Part I, Line 16 - Other Expenses			
Line 18	\$ 10,880	Administration	\$ 39.88		
Line 19	\$ 18,266	Insurance	\$ 720.00		
Line 20	\$ -	Publicity	\$ 435.59	Curric&Books	
Line 21	\$ 29,146	Teacher Luncheon pa	\$ 40.14	School Curriculu	\$ 4,846.71
		Training&Seminars	\$ 320.00	StAAR Field Guic	\$ 588.40
		Class Parties	\$ 3,610.47	Art Room Shelve	\$ 321.82
		Field Day	\$ 478.52	Educational Mat	\$ 1,744.10
		Hospitality	\$ 2,417.08	Red Ribbon Wee	\$ 1,161.47
		Reflections	\$ 60.04	total	\$ 8,662.50
Line 28a	\$ 8,663	Teacher Appreciation	\$ 798.14		
Line 29a	\$ 9,460	WatchDOGs	\$ 366.13	Part III, Line 31a	
Line30a	\$ 7,928	SD-Technology	\$ 9,460.00	Class Parties	\$ 3,610.47
Line 31a	\$ 7,730	Student Programs	\$ 7,927.75	Field Day	\$ 478.52
Line 32	\$ 33,781	SD-Curric&Books	\$ 8,662.50	Hospitality	\$ 2,417.08
		Treasurer	\$ 34.00	Reflections	\$ 60.04
		Safety/Environmenta	\$ 82.42	Teacher Appreci.	\$ 798.14
			\$ 35,452.66	WatchDOGs	\$ 366.13
				total	\$ 7,730.38

Schedule A

Part III

Section A

**Number 1 - gifts, grants, contributions, membership fees**

Membership \$ 1,593.55 m

Spirit Nights \$ 5,773.19 c

BoxTops \$ 1,188.10 c

total 1e \$ 8,554.84

**Number 2 - gross receipts from admissions, merchandise sold, services provided, facilities furnished**

WD shirts \$ 1,392.72 ms

FD shirts \$ 4,086.50 ms

class party \$ 3,428.00 sp

Spring Carniv \$ 10,622.02 a

Boosterthon \$ 60,137.86 sp

Book Fairs \$ 2,452.77 ms

total 2e \$ 82,119.87

Line 1a \$ 1,343 Line 2a \$ 14,542

Line 1b \$ 1,687 Line 2b \$ 17,019

Line 1c \$ 8,359 Line 2c \$ 80,752

Line 1d \$ 7,262 Line 2d \$ 88,875

Line 1e \$ 8,554 Line 2e \$ 82,120

Line 1f \$ 27,205 Line 2f \$ 283,308

Line 6e \$ 90,674

Line 6f \$ 310,513

		income	payments	net	
Part I, Line 10 - Grants & Similar					
FISD PTA	\$ 75	9483.39	9468.39	15	
FEF	\$ 1,500	6331.95	3900.68	2431.27	
New School	\$ 1,080	BOGO BF	4157.82	4151.32	6.5
total	\$ 2,655	totals	19973.16	17520.39	2452.77