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SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Euppor

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.

Open to Public

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

	or are organization					Linkloyer identification	AL LIGHTON
FIDA	LGO-ISLAND VIEW PTA SKAGIT CO					91-1	325723
Pai	t I Reason for Public Cha	rity Status (All	organizations mus	t comple	ete this p	oart.) See instructi	ons.
he d	organization is not a private found	ation because it	is: (For lines 1 through	h 11, che	ck only o	ne box.)	
1	A church, convention of church	ches, or associat	ion of churches descr	ribed in s	ection 17	70(b)(1)(A)(i).	
2	A school described in section		•			• •	
3	A hospital or a cooperative ho						
4	A medical research organizati hospital's name, city, and star	te:					
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	A federal, state, or local gover	nment or govern	mental unit described	d in secti	on 170(b)(1)(A)(v).	
7	An organization that normally	_			•		m the general public
	described in section 170(b)(1)(A)(vi). (Comple	te Part II.)				
8	☐ A community trust described	in section 170(b)(1)(A)(vi). (Complete	Part II.)			
9	☑ An organization that normally	receives: (1) mo	ore than 331/3% of its	support	from cor	tributions, member	ship fees, and gross
	receipts from activities relate	d to its exempt	functions-subject to	o certain	exceptio	ns, and (2) no mor	e than 331/3% of its
	support from gross investme						ex) from businesses
	acquired by the organization a	after June 30, 19	75. See section 509(a	a)(2). (Co	mplete P	art III.)	
10	An organization organized and	d operated exclu-	sively to test for publi	c safety.	See sect	ion 509(a)(4).	
11	An organization organized and						
	one or more publicly supporte						
	the box in lines 11a through 11		· · · · · · · · · · · · · · · · · · ·	_		•	•
а							
	the supported organization(s			ect a majo	ority of the	e directors or truste	es of the supporting
	organization. You must con						
b	Type II. A supporting organi control or management of the						
	organization(s). You must c			ie same t	Jersons u	nat control of manag	ge the supported
_	Type III functionally integra			ted in co	nection	with and functional	ly integrated with
С.	its supported organization(s)	(see instructions	s). You must comple	te Part I\	/, Sectio	ns A, D, and E.	
d	☐ Type III non-functionally in that is not functionally integr						
	requirement (see instruction						an attentiveness
е	Check this box if the organiz	•					II Type III
C	functionally integrated, or Ty						, туро
f	Enter the number of supported	-			_		
g	Provide the following informatio	•	oorted organization(s).		•		
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of
			(described on lines 1-9 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)
			45515 (555 111611 45115115))			1110000001137	indiadions)
			} 	Yes	No	<u></u>	
A)				1			
		{	 		 		
B)				}	}		
C)							}
			}	 	 	 	
D)				}			
 E)				1			
-, 		1 30 300 6 85 600 200	tage of the second	C. Call. Acres & call	The Mar Michael		
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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.)

Secti	on A. Public Support						
Caler	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")					 	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.	,	The control of	34 4 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	1 11-41-15	(四十十年) 海	
	on B. Total Support			<u></u>			
	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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	Total support. Add lines 7 through 10		<u> </u>	, ", "			
12	Gross receipts from related activities, etc.	•	•			12	
13	First five years. If the Form 990 is for th organization, check this box and stop her	re	<u> </u>		_	ear as a section	
	on C. Computation of Public Suppor						
14	Public support percentage for 2015 (line 6					14	<u></u>
15	Public support percentage from 2014 Sch 331/3% support test—2015. If the organiz					15 or more, of	%
16a							
b	the bull the second state where The appropriation and Since on much link assumented assumination.						
17a							
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization Explain in Part VI how the organization me supported organization	ion meets the eets the "facts	facts-and-cir" and-circumst-	cumstances" ances" test. Th	test, check thi ne organization	is box and sto n qualifies as a	p here. publicly
18	Private foundation. If the organization did instructions	d not check a b	oox on line 13,	16a, 16b, 17a	, or 17b, check	this box and s	iee
						edule A (Form 990	

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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.)

	ion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	15,021	23,072	13,146	13,986	14,555	79,780
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	38,263	40,459	46,814	51,871	37,018	214,425
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					1	
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge	}					
6	Total. Add lines 1 through 5	53,284	63,531	59,960	65,857	51,573	294,205
7a	Amounts included on lines 1, 2, and 3			37,700	03,037	31,373	274,203
	received from disqualified persons .	250	o	0	o	o	250
_	Amounts included on lines 2 and 3						250
b	received from other than disqualified	1					
	persons that exceed the greater of \$5,000	i			į		
	or 1% of the amount on line 13 for the year	o	o	0	o	0	0
С	Add lines 7a and 7b	250	0	0			250
8	Public support. (Subtract line 7c from					1,48-4,7 2,7 3.4 3.4 1	250
Ů	line 6.)	, ,	* ***	The same of the same	13 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1	202.055
Secti	on B. Total Support	<u></u>	<u> </u>	ا د د ۱۳۰ استان ۱	<u> </u>	Transfer of the art of	293,955
	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	/6 Total
9	Amounts from line 6	53,284	63,531	59,960	65,857	51,573	(f) Total
		33,264	03,531	39,980	05,057	31,3/3	294,205
10a	Gross income from interest, dividends, payments received on securities loans, rents,					į.	
	royalties and income from similar sources .	56	24	22	20	20	4/0
	- 1		24	23	28	29	160
þ	Unrelated business taxable income (less					}	
	section 511 taxes) from businesses acquired after June 30, 1975	ما			ا		
	· · · · · · · · · · · · · · · · · · ·	56	0 24	23	0	0	0
C	Add lines 10a and 10b	20		23	28	29	160
11	Net income from unrelated business		1	}	į	ļ	
	activities not included in line 10b, whether		}		اء		_
	or not the business is regularly carried on	0	0	o	<u>o</u>	0	0
12	Other income. Do not include gain or	1	ł	}	}		
	loss from the sale of capital assets						_
	(Explain in Part VI.)	<u>0</u>	0	0	0		0
13	Total support. (Add lines 9, 10c, 11,	50.040	(2.555)	50.000	(F. 005	F4 (02)	204.275
	and 12.)	53,340	63,555	59,983	65,885	51,602	294,365
14	First five years. If the Form 990 is for the organization, check this box and stop her	-			-		
Sooti	on C. Computation of Public Support						
15	Public support percentage for 2015 (line 8			3 column (fl)		15	99.86 %
16	Public support percentage for 2014 Sch					16	99.77 %
	on D. Computation of Investment Inc			· · · · · · · · · · · · · · · · · · · 		1.01	77 70
17	Investment income percentage for 2015 (li			/ line 13, colum	n (f))	17	0.001 %
18	Investment income percentage from 2014					18	0.07 %
	331/3% support tests—2015. If the organization	zation did not o	check the hox	on line 14 an			
19a	17 is not more than 331/3%, check this box a	and stop here.	The organization	on qualifies as a	publicly suppo	rted organization	n . ▶ 🗹
<u>.</u>	33 ¹ /3% support tests—2014. If the organiza						
b	line 18 is not more than 331/3%, check this b	ox and stop he	ere. The organi	zation qualifies	as a publicly su	pported-organiz	ation >
20	Private foundation. If the organization did						
_20	EHANG IOUNGEROIL II (IIE OIGAIIIZALIOIT CIC		OR OH HILD 14,				

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Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on 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.)

Castian	A AII	C		0	ai-ations
Section	A. All	Suppo	orung	Orgai	nizations

- 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.
- 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).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c 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.
- 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.
- **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.
- C 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.
- 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).
- **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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- B 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 or 990-EZ).
- 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**.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
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r t	10a		
	10b		



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Part	V Supporting Organizations (continued)		V	1 11-
11	Has the organization accepted a gift or contribution from any of the following persons?	Γ	Yes	No
··a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		1	1
_	below, the governing body of a supported organization?	11a	-	
b		11b	 	†
С	A GEAL AND A MARKET AND A MARKET AND A SAME	11c		†
	ion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	}	i	
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	1		
	controlled the organization's activities. If the organization had more than one supported organization,	}	ş	1
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported		'	į .
	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	}-		├
-	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,	1 1	, ,	} ;
	supervised, or controlled the supporting organization.	2	marks when	-
Sect	ion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	للمسترسم الله	1 7 h	21.
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		. 41	
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	, ,	*	
Soct	ion D. All Type III Supporting Organizations	11		L
Sect	on b. An Type in 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	7,37	NO
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	, d'	'. "	,
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		2	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		,
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		1 mi	1
	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 income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	1 4	į	ì
	supported organizations played in this regard.			1
Secti	on E. Type III Functionally-Integrated Supporting Organizations	3	1	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see			
		nstruc	เเอกร	9:
a b	☐ The organization satisfied the Activities Test. Complete line 2 below. ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	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	eaa incl	niotic	ane)
		_		
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	•	- 1	İ
	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,		-	i
	how the organization was responsive to those supported organizations, and how the organization determined	, ا	- '	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		1	1
	reasons for the organization's position that its supported organization(s) would have engaged in these		- 1	.!
	activities but for the organization's involvement.	2b		****
3	Parent of Supported Organizations. Answer (a) and (b) below.			7
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? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

instructions).

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	gar	izations	
Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must contain the property of the prop			
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)	6		
7 Other expenses (see instructions)	7		<u> </u>
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	İ	
Section B - Minimum Asset Amount		(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	16		
c Fair market value of other non-exempt-use assets	10		
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	y-in	tegrated Type III supporting	organization (see

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Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organ	izations (continued)*	-i
	ion D - Distributions	,		Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe		orted	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	Inizations	
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.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	h the organization is res	sponsive	
<u> </u>	(provide details in Part VI). See instructions.			
9	Distributable amount for 2015 from Section C, line 6	 		
10	Line 8 amount divided by Line 9 amount		,	
s	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6	THE WATER THE STATE OF THE STAT		
2	Underdistributions, if any, for years prior to 2015			SO THE REAL PROPERTY.
<u> </u>	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:		CANADA PARTIES	
∐ a		REPSONUL T		多数的数据数据
b				
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d	From 2013	THE TAXABLE	经产品的	经多数的
е	From 2014		DAYSTATE TO THE PERSON OF THE	医活動系統語
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years		la management of a selection of the sele	
h	Applied to 2015 distributable amount		Contract Contract of	of a relative country of the street of the country of the
<u>i</u>	Carryover from 2010 not applied (see instructions)			
<u> j</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	Company of the security of the company of the compa		
4	Distributions for 2015 from Section D, line 7. \$			
∭ a	Applied to underdistributions of prior years	企业工程的		设建设设施工程以下
∭b	Applied to 2015 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.		AND WILES	R. W. Z.
5	Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7	Excess distributions carryover to 2016. Add lines 3j and 4c.			
8	Breakdown of line 7:	GENERAL SERVICE	HE CONTRACTOR	BHAMMANAGA
a	NOT THE PROPERTY OF THE PROPER	THE RESERVE	经国际的企业	THE SHOTELLESS
Ь	是"是我们的是为你就是"有的的是不是不够的。"		THE REPORT OF THE PARTY.	
С	Excess from 2013		が記れる。	
d	Excess from 2014	斯斯斯尼·福里斯		的理想是那些人的
e	Excess from 2015			NO SERVICE DE LA CONTRACTION DEL CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
	·
·	

### SCHEDULE C (Form 990 or 990-EZ)

# **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

0MB No. 1545-0047 20**15** 

Department of the Treasury Internal Revenue Service

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Information about Schedule C (Form 990 or 990-EZ) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

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If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

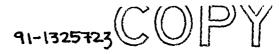
If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

	ee separate instructions), t				
		anizations: Complete Part III.			
	of organization			Employer Ide	entification number
	GO-ISLAND VIEW PTA SKA				91-1325723
		e organization is exempt und			organization.
1	•	the organization's direct and indir	•	•	<b>^</b>
2	•				\$0
3	Volunteer hours				0
Part	Complete if th	e organization is exempt und	der section 501/	(c)(3).	
1		excise tax incurred by the organiz			\$ 0
2		excise tax incurred by organization			\$ 0
3		ed a section 4955 tax, did it file Fo			
4a					. Yes No
b	If "Yes," describe in Part				
Part		e organization is exempt und			1(c)(3).
1		ly expended by the filing organi			
				•	<u> </u>
2		filing organization's funds contri			
_	•	ivities			
3	•	expenditures. Add lines 1 and 2		•	
_					,
4	• •	n file Form 1120-POL for this year			
5		ses and employer identification nu			
		ents. For each organization listed, ontributions received that were pro			
		fund or a political action committ			
	<del></del>	<del> </del>	<del></del>	<del></del>	<del></del>
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and
		1		funds. If none, enter -0	promptly and directly
				1	delivered to a separate political organization. If
					none, enter -0
(1)					
('')					
(2)			1		
·			ļ	ļ	
(3)			4		
			<del> </del>	<del> </del>	
(4)			4		
			<del> </del>	<del> </del>	<del> </del>
(5)		<u> </u>	1	{	
			1	<del> </del>	
(6)			1		

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

Cat. No. 50084S

Schedule C (Form 990 or 990-EZ) 2015



Pa	t II-A Complete if the organization section 501(h)).	n is exempt u	inder section 5	01(c)(3) and file	d Form 5768 (el	ection under
A	Check $ ightharpoonup$ if the filing organization be					oup member's
	name, address, EIN, expe				•	
<u>B</u>	Check 🕨 🗌 if the filing organization ch			trol" provisions a	apply.	
	Limits on Lobi				(a) Filing	(b) Affiliated
	(The term "expenditures" m		<del></del>	<del></del>	organization's totals	group totals
1	<ul> <li>Total lobbying expenditures to influence</li> </ul>				 	
	b Total lobbying expenditures to influence	_	• •			
	c Total lobbying expenditures (add lines 1	•			<b></b>	
	d Other exempt purpose expenditures .					·
	e Total exempt purpose expenditures (add				<del></del>	
	f Lobbying nontaxable amount. Enter columns.	the amount fr	om the following	g table in both		
	If the amount on line 1e, column (a) or (b) is	The lobbying	nontaxable amoun	t is:	,	
	Not over \$500,000	20% of the an	ount on line 1e.			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus	15% of the excess	over \$500,000.		7 7
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus	10% of the excess	over \$1,000,000.	J 18 3	
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus	5% of the excess o	ver \$1,500,000.	1.45	* .
	Over \$17,000,000	\$1,000,000.	<del></del>			· ·
	g Grassroots nontaxable amount (enter 25	•				
	h Subtract line 1g from line 1a. If zero or le					<del></del>
	Subtract line 1f from line 1c. If zero or le		• • • • • •		<u> </u>	··
	If there is an amount other than zero			_		[] Y [] N-
	reporting section 4911 tax for this year?			· · · · · ·	<del></del>	Yes No
	(Some organizations that made a sec See the	ction 501(h) ele separate instr	uctions for lines	e to complete all 2a through 2f.)	of the five column	ns below.
	Lobbying	Expenditures	During 4-Year Av	veraging Period	, ₁	
	Calendar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	( <b>d)</b> 2015	(e) Total
2	a Lobbying nontaxable amount					
	Lobbying ceiling amount (150% of line 2a, column (e))			794		
	Total lobbying expenditures					
	d Grassroots nontaxable amount					
	Grassroots ceiling amount (150% of line 2d, column (e))		و کی ج			
1	Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2015

<u>-</u>	· · · · · · · · · · · · · · · · · · ·				
Part II-B	Complete if the organization is exempt und	ler section 50 ⁻	1(c)(3) and has	NOT filed Form	5768
	(election under section 501(h)).				

For A	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed		a)	(b)	
description of the lobbying activity.		Yes	No	Amount	
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:		٠,٠		
а	Volunteers?		1		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	}	1	-	
c	Media advertisements?	}	1	etromites a traini alimingupat, m	
d	Mailings to members, legislators, or the public?		1	<del></del>	
e	Publications, or published or broadcast statements?	<del></del>	~		
f	Grants to other organizations for lobbying purposes?		-	<del></del>	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	<b></b>	V		
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	<b></b>	V		
i	Other activities?		V	<del></del>	
j	Total. Add lines 1c through 1i	1	, 0% ()		
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		ا ما شعد الما	<del>, , , , , , , , , , , , , , , , , , , </del>	
b	If "Yes," enter the amount of any tax incurred under section 4912	. જુએ	1:3	-	
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	2	<del></del>	
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	الشندد		Eggs Aggleren	
Part	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)	)(5). c	or se	ction	
	501(c)(6).				
				Yes No	
1	Were substantially all (90% or more) dues received nondeductible by members?				
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	
3	Did the organization agree to carry over lobbying and political expenditures from the prior year? .			3	
	III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)				
<u> </u>	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," O answered "Yes."  Dues, assessments and similar amounts from members	n (b)	1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid).	of		<del>~~~</del>	
а	Current year	. {	2a		
b	Carryover from last year	. [	2b		
C	Total	. {	2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	. [	3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of		75		
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobby	ing	19.5		
	and political expenditure next year?	. {	4		
5	Taxable amount of lobbying and political expenditures (see instructions)	. [	5		
Part	V Supplemental Information				
	le the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated groundstructions); and Part II-B, line 1. Also, complete this part for any additional information.	up list	); Pari	t II-A, lines 1 and	
	°C C			J	

91-1325723

Schedule C (Forr	n 990 or 990-EZ) 2015		Page
Part IV	Supplemental Information (continued)		<del>{}</del>
	***************************************		
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		····	
			*

91-1325723

## SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

ομβ No. 1545-0047 20**15** 

Department of the Treasury Internal Revenue Service Name of the organization ► 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.

Open to Public Inspection

	of the organization						Employer identifi	cation number
FIDAL	GO-ISLAND VIEW PTA SKAGIT CO							-1325723
Par	Form 990-EZ filers are r				wered "Yes" on I	Form	1 990, Part IV,	line 17.
1	Indicate whether the organization	on raised funds	through any	of the follo	owing activities. C	heck	all that apply.	
а	Mail solicitations		e [		ion of non-govern		-	
b	Internet and email solicitation	ns	f		ion of governmen	-	nts	
C	Phone solicitations		g [	] Special	fundraising events	S		
ď	In-person solicitations							
<b>2</b> a	Did the organization have a writer or key employees listed in Form							
b	If "Yes," list the ten highest paid				-		-	= : • • = : • •
•	compensated at least \$5,000 by			uraiscis, p	distant to agreen	iciilo	Origer writer to	ie iuliuraisei is to pe
		•						
	(i) Name and address of individual or entity (fundralser)	(ii) Activity	custody o	draiser have r control of outlons?	(iv) Gross receipts from activity	(0	Amount paid to or retained by) idraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
	·	<del> </del>	Yes	No	<del> </del>			<del> </del>
1								
2			1				······································	
3		<del> </del>	-				<del></del>	
		<del> </del>	<del></del>					<del> </del>
4								
5								
6							<del></del>	
7			1				<del></del>	
8		<del> </del>	1				<del></del>	
9			<del> </del>					
10								
			]		1			
					}			
Total 3	List all states in which the orga		tered or lice	. Dene	olicit contribution	s or t	as been notifie	ed it is exempt from
	registration or licensing.	inzunori io rogio		J.1000 10 0		<b>O O</b>	ido been notine	o it is exempt from
	•							
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
					-^			
								***************************************

Page 2

Schedule G (Form 990 or 990-EZ) 2015

Schedule G (Form 990 or 990-EZ) 2015

Ρ	art II	Fundraising Events. Co than \$15,000 of fundraisi				
		gross receipts greater the	an \$5,000.  (a) Event #1  CHOCOLATE  (event type)	(b) Event #2 MIXED BAGS (event type)	(c) Other events 6 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	16,985	5,689	13,53	7 36,21
Œ	2 3	Less: Contributions Gross income (line 1 minus	0	0		0
		line 2)	16,985	5,689	13,53	36,21
	4	Cash prizes				<b></b>
	5	Noncash prizes				<u> </u>
sesu	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				ļ
Direc	8	Entertainment	{ 			
	9	Other direct expenses .	8,430	2,545	8,848	19,823
	10 11	Direct expense summary. Ad Net income summary. Subtr				19,823
Pa	rt III	Gaming. Complete if the than \$15,000 on Form 9	e organization answe			
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
-B	1	Gross revenue				
ses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses .				
	6	Volunteer labor	☐ Yes% ☐ No	☐ Yes% ☐ No	☐ Yes% ☐ No	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s
	7	Direct expense summary. Ac	dd lines 2 through 5 in c	olumn (d)		
	8	Net gaming income summar	y. Subtract line 7 from li	ne 1, column (d)		
9	a Ist	ter the state(s) in which the or the organization licensed to co 'No," explain:	•	s in each of these states		🗌 Yes 🗌 No
10		ere any of the organization's g Yes," explain:	aming licenses revoked			

Sched	e G (Form 990 or 990-EZ) 2015
11 12	Does the organization conduct gaming activities with nonmembers?
13 a	Indicate the percentage of gaming activity conducted in:  The organization's facility
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	Name ►
	Address►
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$
С	If "Yes," enter name and address of the third party:
	Name •
	Address ►
16	Gaming manager information:
	Name ▶
	Gaming manager compensation ► \$
	Description of services provided ►
	□ Director/officer □ Employee □ Independent contractor
17 a	Mandatory distributions:  Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
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	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 G (Form 990 or 990-EZ) 2015