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Department of the Treasury Internal Revenue Service

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.

▶ Information about Form 990 and its instructions is at www.us.gov/form990.

2016 Open to Public Inspection

OMB No 1545-0047

<u> </u>	<u> </u>	or tr	ne 2016 calendar year, or tax year beginning JUN 1, 2016 and ending	MAY 31, 201/						
В	Ç	heck if	C Name of organization	D Employer identifi	cation number					
			STARKVILLE OKTIBBEHA CONSOLIDATED SCHOOL							
ļ	_	Addr chan	DISTRICT PTO		45 5424206					
ļ	_	Nam chan Initia	,	45-5	45-5131386					
ļ	_	_ retur	Number and street (or P.U. box if mail is not delivered to street address) Hoom/s							
l	_	Final retur	M 401 GKERNSDOKO SIKEEI	662-	324-4050					
		term ated		G Gross receipts \$	207,260.					
į	_	Amer retur	STARRVILLE, MS 39/39	H(a) Is this a group re						
ľ	_	Appl tion pend	ing I	for subordinates						
_			1401 GREENSBORO STREET, STARKVILLE, MS 397:	 ''						
<u> </u>			xempt status: X 501(c)(3) 501(c)() ((insert no.) 4947(a)(1) or		list (see instructions)					
_v =			ite: ► STARKVILLEPTO.WORDPRESS.COM	H(c) Group exemption						
多K				Year of formation:	M State of legal domicile: MS					
	Pa	irt I	Summary		D					
	Ö	1	Briefly describe the organization's mission or most significant activities: TO ADVOC		REN AND					
~/	Governance		SUPPORT FACULTY AND STAFF OF STARKVILLE SCHOOL							
	F	2	Check this box If the organization discontinued its operations or disposed of n	1	1					
	Š	3	Number of voting members of the governing body (Part VI, line 1a)	. 3	4					
	8	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	0					
<i>9</i> 0	es	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	. 5	0					
2017	ctivities	6	Total number of volunteers (estimate if necessary)	<u>6</u>	 					
ď	B		Total unrelated business revenue from Part VIII, column (C), line 12	. <u>7a</u>						
-		lb	Net unrelated business taxable income from Form 990-T, line 34							
		_	One de la seconda de la compansión de la	Prior Year 61,775.	Current Year 21,073.					
	힑	8	Contributions and grants (Part VIII, line 1h)	0.	21,073.					
	Revenue	9	Program service revenue (Part VIII, line 2g)	31.	39.					
1	8	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	52,613.	55,594.					
	- [11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	114,419.	76,706.					
-	┪	12 13	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	13,306.	14,948.					
	- 1	14	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	13,300.	0.					
		15	Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.					
	Expenses		Professional fundraising fees (Part IX, column (A), line 11e)	$\frac{0}{0}$	0.					
	5		Total fundraising expenses (Part IX, column (D), line 25)							
1	희	17	Other expenses (Part IX, column (A), lines 11a-11d, [T11:24e)	76,453.	39,820.					
	-[18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) ED	89,759.	54,768.					
		19	Revenue less expenses. Subtract line 18 from line 12.	24,660.	21,938.					
_	्रव			Beginning of Current Year	End of Year					
ž	alances	20	Total assets (Part X, line 16)	95,065.	117,003.					
Acce	쿌	21	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	0.	0.					
Net	3	22	Net assets or fund balances. Subtract line 21 from line 20 Signature Block	95,065.	117,003.					
T	a	नरे ॥	Signature Block							
Ur	nde	r pen	alties of perjury, I declare that I have examined this return, including accompanying schedules and sta	stements, and to the best of m	v knowledge and belief, it is					
			ct, and complete. Declaration of preparer (other than officer) is based on all information of which prep							
_			IN (MANUAL RIVOR)	1 10-15	-17					
Si	gn	ı	Signature of officer	Date						
	ere		CHRISTY DICKERSON , TREASURER							
			Type or print name and title							
Print/Type preparer's name Preparer's signature Land Cut Bate Check PTIN										
Paid CLAYTON H. RICHARDSON, II CLAYTON H. RICHARDSO 10/16/17 self-employed P										
Pr	epa	arer	Firm's name T. E. LOTT & COMPANY, CPA'S	Firm's EIN ▶	64-0575804					
Use Only Firm's address PO BOX 80282										
_			STARKVILLE, MS 39759-0282	Phone no. 6 6	2-323-1234					
M	ay	the II	RS discuss this return with the preparer shown above? (see instructions)	<u> </u>	. X Yes No					
					- 000					

	n 990 (2016) DISTRICT PTO	<u>45-5131386</u>	Page 2
Pa	rt III Statement of Program Service Accomplishments		
`	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	STARKVILLE OKTIBBEHA CONSOLIDATED SCHOOL DISTRICT PTO MI	SSION IS TO	
	ADVOCATE FOR CHILDREN AND SUPPORT FACULTY AND STAFF.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	pnor Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
-	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by expenses	
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other		
	revenue, if any, for each program service reported.	s, the total expenses, a	u 10
	44.040		
70	(Code) (Expenses \$14,948. Including grants of \$14,948. (Revented to the control of the contro		ND ,
	PROJECTS THAT DIRECTLY BENEFIT STUDENTS IN OUR DISTRICT.		
	INCLUDE: LEARNING MANIPULATIVES, CLASSROOM EDUCATIONAL A		OT.C
	TO HELP WITH DIFFERENT LEARNING STYLES AND METHODS.	IDES, AND IC	ОПВ
	TO REUP WITH DIFFERENT DEARNING STILES AND METHODS.		
			
4b	(Code) (Expenses \$) (Rever	ue \$)
	TEACHER APPRECIATION		
	0 540		
4c	· · · · · · · · · · · · · · · · · · ·	ue \$,
	SCHOOL EVENTS SUPPORT		
			
	Other pregram continue (Departhe in Schedule O.)		
4d	Other program services (Describe in Schedule O.)	1	
40	(Expenses \$ 14,856 · including grants of \$) (Revenue \$ Total program service expenses ▶ 53,801 ·		
<u>4e</u>	Total program service expenses 53,801.		000 (554.5)
		Form 3	990 (2016)

Part IV	Checklist o	f Required	Schedules
			Ovi i Cadico

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	_X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	1	1	
	public office? If "Yes," complete Schedule C, Part I	_3_	أسسا	X
4	Section 501(c)(3) organizations. 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	4_		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or		1	
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5_		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	ŀ		
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7_		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
_	Schedule D, Part III	8_		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	i		
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			•
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	İ	, * *	
	as applicable.	```		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			·
_	Part VI	11a		X
D	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total		1	.
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			х
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		
•	The same of the sa			х
100	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
120	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-		х
h	Schedule D, Parts XI and XII Was the agraphystics included in corpolated and pendent sudited financial extrements for the tay user?	12a		-43
U	Was the organization included in consolidated, independent audited financial statements for the tax year?	12b		X
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	140		
-	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	OF MOROZ 16 BYCA B ARREST ON A STATE OF THE CONTRACT OF THE CO	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	170		
	foreign organization? It alvo Be asserted October 1. F. De de II and III	15	, ,	x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	 '`		
	Or for foreign individuals? If the Brown late Colorate E. Doute Warrell V.	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	- '''		 -
•	solvers (A) have 0 and 44.0 years	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	''		
_	10 and 892 K "You " approach to Cabadrida C. Dard III	18	х	
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	 	-	
	complete Schedule G. Part III	19		x
			990	

45-5131386

Page 4

			Yes	<u>No</u>
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	1 .		
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	İ		1
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	L	X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			1
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			1
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	Ī	}	ţ
	any tax-exempt bonds?	24c	<u> </u>	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	1	ļ	ļ
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	<u> </u>	X
b	is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	1		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete]	l
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or		•	1
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"		1	\
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	1		1
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	1	ŀ	
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions).			 -
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	 	X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	1 _		
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	 	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	 	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	1		J
	contributions? If "Yes," complete Schedule M	30	 -	X
31	Did the organization liquidate, terminate, or dissolve and cease operations?		1	v
00	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete		1	x
~	Schedule N, Part II	32	 -	<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			х
24	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		 ^
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			v
25-	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		 ^
þ	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	ash.		
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		\vdash
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	00		x
27	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	27		X
38	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	37	 	 ^
	Note. All Form 990 filers are required to complete Schedule O	38	х	1
	Trades Air Form 350 mais are required to complete ochequie O	والتقاط	990	/2016

1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 4a 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)? b If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	· ·	Check if Schedule O contains a response or note to any line in this Part V			\Box
b Enter the number of Forms W2G included in line 1a. Enter 0 if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gamming (gambling) warmings to prize winners? 2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, field of the celendary year ending with or within the year covered by this return bit at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note, if the sum of lens ta and 2 is greater than 250, you may be required to e-file (see instructions) 3b. Did the organization have unrelated business gross income of \$1,000 or more during the year? 4a. 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)? 5b. If "Yes, and the thin ame of the foreign country. 5c. See instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5c. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5c. Was the organization and party to a prohibited tax shelter transaction or any outribution or have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles as charable contributions? 5c. If "Yes," did the organization include with every selicitation an express statement that such contributions or grits were not tax deductibles as charables contributions and party for goods and services provided to the payor? 7c. X if "Yes," did the organization mickled with every selicitation an express statement that such contributions or grits were not tax deductibles as charables contributions on a party to be organization selection of the value of the goods or services provided 7 7c. You for the organizati				Yes	No
b Enter the number of Forms W-SG included in line 1s. Enter 0- if not applicable	1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
gambing) wnnings to prize winners? 2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, tilled for the calendar year ending with or within the year covered by this return 5 bit if at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note, if the sum of lines 1s and 2a is greater than 250, you may be required to gain the second of the control lines of the control lines 1s and 2a is greater than 250, you may be required to gain the second of the control lines 1s and 2a is greater than 250, you may be required to gain the second of the control lines 1s and 2a is greater than 250, you may be required to gain the second of the control lines 1s and 2a is greater than 250, you may be required to gain the second of the control lines 1s and 2a is greater than 250, you may be required to gain the control lines 2s and 2a is greater than 250, you may be required to gain the control lines 2s and 2a is greater than 250, you may be required to gain the control lines 2s and 2a is greater than 250, you may be required to gain the control lines 2s and 2a is greater than 250, you may be required to gain the control lines 2s and 2a is greater than 250, you may be required to gain the control lines 2s and 2a is greater than 250, you may be required to gain the control lines 2s and 2a is greater than 250, you can death of the control lines 2s and 2a is greater than 250, you can death of the control lines 2s and 2a is greater than 250, you can death of the control lines 2s and 2a is greater than 250, you can death of the control lines 2s and 2a is greater than 250, you can death of the control lines 2s and 2a is greater than 250, you can death of the control lines 2s and 2a is greater than 250, you can death of the control lines 2s and 2a is greater than 250, you can death of the control lines 2s and 2a is greater than 2a is greater than 250, you can always and 2a is greater 2s and 2a is greater 2s and 2a is greater 2s and 2a is greater	b				İ
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendary year ending with or within the year covered by this neturn b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required tofile (see instructions) 3 Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a I X Y 19°Cs, has it filed a Form 990 Tor this year? If *No,* to line 3b, provide an explanation or Schedule O 3b I *Y*es,* has it filed a Form 990 Tor this year? If *No,* to line 3b, provide an explanation or the authority over, a financial account in a foreign country (such as a bank account, securities agriculture) 5b I *Y*es,* refer the name of the foreign country. 5c I *Y*es,* to line 4b foreign country (such as a bank account, securities account, or other financial account?? 5c I *Y*es,* to line 5a or 5b, did the organization have a shelter transaction at any time during the tax year? 5c If *Y*es,* to line 5a or 5b, did the organization file Form 8869T? 5c If *Y*es,* to line 5a or 5b, did the organization file Form 8869T? 5c If *Y*es,* to line 5a or 5b, did the organization file Form 8869T? 5c If *Y*es,* to line 5a or 5b, did the organization file Form 8869T or organizations that may receive deductible contributions? 5c If *Y*es,* to line organization and partity for goods and services provided to the payor? 5c If *Y*es,* to lite organization network an incide with every solicitation an express statement that such contributions or grifts were not tax deductible as charitable contributions under section 170(c). 5c If *Y*es,* indicate the number of Forms 88282 filed during the year 5c If *Y*es,* indicate the number of Forms 88282 filed during the year 5d If *Y*es,* indicate the number of Forms 88282 filed during the year 5d If the organization received a contribution of cars, boots, any partition and par	С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			L
field for the calendary year ending with or within the year covered by this return bit at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note, if the sum of fines 1a and 2a is greater than 250, you may be required to afile (see instructions) 3 Did the organization have unrelated business gross income of \$1,000 or more during the year? 5 Bit 11 **Yes, 1 and it filed a form 990 of the 11 year? 1 **No, 10 file 8 a park accounts a fewer ground country (such as a bank account, or or more during the year? 5 Bit 12 **Yes, 1 **No, 10 file 8 a park account file foreign country is a bank account, or or other financial accountly? 5 Bit 12 **Yes, 1 **No, 10 file 8 a park account, or other financial accountly? 5 Bit 12 **See instructions for filing requirements for Financial account file foreign Bank and Financial Accounts (FBAR). 5 Bit 28 **West the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year? 5 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any contributions that were not tax deductible? 6 Did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible is exhemative contributions under section 170(c). 7 Did the organization that may receive deductible contributions under section 170(c). 8 Did the organization that may receive deductible contributions under section 170(c). 9 Did the organization return approach to the donor of the value of the goods or services provided? 10 Did the organization return and the donor of the value of the goods or services provided? 10 Did the organization return and the donor of the value of the goods or services provided? 11 Did the organization receiv		(gambling) winnings to prize winners?	1c		
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DISTRICT PTO

45-5131386

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 0 **b** Enter the number of voting members included in line 1a, above, who are independent ... Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 X of officers, directors, or trustees, or key employees to a management company or other person? X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X Did the organization become aware during the year of a significant diversion of the organization's assets? Х Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? . . . 8a X b Each committee with authority to act on behalf of the governing body? **8**b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No X 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990. X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe in Schedule O how this was done 12c X 13 Did the organization have a written whistleblower policy? 13 X Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X The organization's CEO, Executive Director, or top management official 1<u>5</u>a X Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed **MS** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Upon request Own website ____ Another's website Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records: CHRISTY DICKERSON - 601-573-5360 401 GREENSBORO STREET, STARKVILLE, MS 39759

orm 990 (2016)	DISTRICT	PTO	

45-5131386

Page 7

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization (A)							sait		(E)	(F)
(A) Name and Title	(B) Average			(C Pos	رد itior	1		(D) Reportable	(E) Reportable	(F) Estimated
Hame and the	hours per	(do not check more than one box, unless person is both an		compensation	compensation	amount of				
	week	offi	cer ar	d a d	d a director/trustee)		(00)	from	from related	other
	(list any	ğ	Ì	Ì				the	organizations	compensation
	hours for	흉	, e			ated		organization	(W-2/1099-MISC)	from the
	related	ustee	trust	1	یوا	bens		(W-2/1099-MISC)		organization and related
	organizations below	를	tonal		g	2 2	L			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	(e)	Highest compensated employee	Former			
(1) KATHERINE RICHEY	3.00				一	-				
EXECUTIVE COUNCIL PRESIDEN				X				0.	0.	_0.
(2) TERI BLAKE	1.00									
EXECUTIVE COUNCIL SECRETAR		L	L	X				0.	0.	0.
(3) CHRISTY DICKERSON	1.00									
EXECUTIVE COUNCIL TREASURE		L	L	X	L	L	L	0.	0.	0.
(4) CASSANDRA PALMER	1.00		ļ	l	l					_
MEMBERSHIP CHAIR		_	<u> </u>	X		_		0.	0.	0.
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DISTRICT PTO

Form 990 (2016)

45-5131386

Page 8

Form 990 (2016) DISTRICT PTO

Part VIII Statement of Revenue

<u>45-5131386</u>

Page 9

Form **990** (2016)

Г			Check if Scriedule O con	itains a response	or note to any lir			·	
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Giffs, Grants	[1	1	a Federated campaigns	1a					312-314
2	₫		b Membership dues .	. 1b	1,715.				
g	¥		c Fundraising events .	1c]			
<u>;</u> 5	ë		d Related organizations .	1d]			1
Š	Ę		 Government grants (contribut 	tions) <u>1e</u>		·			
Ę.	1	1	f All other contributions, gifts, gran	nts, and					
بق	Ħ		similar amounts not included abo		<u>19,358.</u>				
E S	귳		Noncash contributions included in lines	1a-1f \$					
<u> </u>	ē		Total. Add lines 1a-1f			21,073.			
	1				Business Code				
Program Service		2 8							
Ş	힉	Ł	·						
S	夏	•							
ra	ğ	C	i						
ç	7	е							
α,	1		All other program service reve	nue					
	┿		Total. Add lines 2a-2f					· · ·	
	1	3	Investment income (including	dividends, intere	est, and				
	ĺ	_	other similar amounts)		▶	39.			39.
		4	Income from investment of tax	exempt bond p	roceeds 🕨				
		5	Royalties .						 -
		۰.	0	(i) Real	(ii) Personal				
	[]	6а -		ļ			1		
	1	b		<u> </u>	ļ				
	1	C		L	L				
	١.		Net rental income or (loss)		<u> </u>			<u></u>	
	1	/ a	Gross amount from sales of	(i) Securities	(ii) Other			· · · · · · · · · · · · · · · · · · ·	
		.	assets other than inventory						i
	1	D	Less: cost or other basis			~	Ì		· i
	1	_	and sales expenses Gain or (loss)			j	1		
	l		Net gain or (loss)						
	١.								
Other Revenue	`	<i>,</i> a	Gross income from fundraising including \$						
Ķ				of					
8			contributions reported on line 1 Part IV, line 18		100 000			!	
Ę		h	Less: direct expenses		120,076.]			1
δ			Net income or (loss) from fundra	jd 	86,080.			·	
	9	a	Gross income from gaming acti	aising events	▶ ↓	33,996.			33,996.
	•	_	Part IV, line 19	i	İ				
- 1			Lees: direct owners	a					ļ
- 1			Net income or (loss) from gamir	. bl					
	10	а	Gross sales of inventory, less re	ig activities					
			and alloweness	· ·	66 072				
- 1					66,072.				
			Net income or (loss) from sales	b	44,474.	21 500			
ı			Miscellaneous Revenue			21,598.	21,598.		
ı	11	а			Business Code				
		ь.							-
		c .		 }-					
			All other revenue	 }					
			Fotal. Add lines 11a-11d	<u>L</u>					
	12		Total revenue. See instructions.	•	· •	76 706	01 500		
	_	_	Tian Torongo, Oce matructions.		<u></u>	76,706.	21,598.	0.	34,035.

Page 10

DISTRICT PTO

Part IX | Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising (C) Management and general expenses (A)
Total expenses Do not include amounts reported on lines 6b, Program service 7b, 8b, 9b, and 10b of Part VIII. **expenses** expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 14,948. 14,948. individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits Payroll taxes Fees for services (non-employees): Management Legal Accounting d Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 37,707. 37,707. column (A) amount, list line 11g expenses on Sch O.) 12 Advertising and promotion 13 Office expenses 14 Information technology 15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest Payments to affiliates . . . 21 22 Depreciation, depletion, and amortization 415. 415. 23 Insurance 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 967. 967. BANK FEES PROFESSIONAL FEES 500. 500. **155.** c MEMBERSHIP FEES 155. d SUPPLIES 76. 76. e All other expenses 0. 54,768. 53,801. 967. Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2016)

DISTRICT PTO

45-5131386 Page 11

Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 95,065. 117,003. 1 Cash - non-interest-bearing 2 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 3 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 6 Notes and loans receivable, net 7 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment. cost or other basis. Complete Part VI of Schedule D 10a 10b 10c b Less. accumulated depreciation 11 Investments - publicly traded securities 11 12 Investments - other securities See Part IV, line 11 12 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 15 15 Other assets. See Part IV, line 11 117,003. 95,065 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 17 Accounts payable and accrued expenses 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. 22 Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 O. 0. Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 Unrestricted net assets 27 28 28 Temporanly restricted net assets Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here $\blacktriangleright X$ and complete lines 30 through 34. 0. 0. 30 30 Capital stock or trust principal, or current funds 0. 31 Paid-in or capital surplus, or land, building, or equipment fund 0. 31 95,065. 117,003. 32 32 Retained earnings, endowment, accumulated income, or other funds 95,065. 117,003. 33 33 Total net assets or fund balances 95,065. 117,003. Total liabilities and net assets/fund balances

Form	1990 (2016) DISTRICT PTO	_45-5131	<u> 386</u>	<u>Pag</u>	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		6,7	
2	Total expenses (must equal Part IX, column (A), line 25)	2		4,7	
3	Revenue less expenses. Subtract line 2 from line 1	3		1,9	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	9	5,0	<u>65.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	<u> 11'</u>	7,0	<u>03.</u>
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				l
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.	<u></u>		,
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	•	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a		1	1
	separate basis, consolidated basis, or both				l
	Separate basis Consolidated basis Both consolidated and separate basis		L		L
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			, , ,
	consolidated basis, or both.				, .
	Separate basis Consolidated basis Both consolidated and separate basis		`	,	:
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O	٠ ا	*	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	gle Audit			°
	Act and OMB Circular A-133?	-	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			1
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2016)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

STARKVILLE OKTIBBEHA CONSOLIDATED SCHOOL

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

DISTRICT PTO 45-5131386 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 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 X A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 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 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) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university. 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.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. 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. 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. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) is the organization listed (i) Name of supported (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

STARKVILLE OKTIBBEHA CONSOLIDATED SCHOOL Schedule A (Form 990 or 990-EZ) 2016 DISTRICT PTO 45-5131386 Page 2 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) 2012 **(b)** 2013 (c) 2014 (d) 2015 (e) 2016 1 Gifts, grants, contributions, and (f) Total 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 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 7 Amounts from line 4 (f) Total 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

-	cross receipts from related activities, etc. (see instructions)		
13	First five years. If the Form 990 is for the organization is	12	
	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section organization, check this box and stop here	ı 501(c)(3)	
Se	ction C. Computation of Public Support Percentage		
44	Support Percentage		
14	Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))		
15	Public support percentage from 2015 Schedule A, Part II, line 14	_14	%
16	33 1/3% support test - 2016. If the organization did not have	15	%
	33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or mostly here. The organization qualifies as a publicly supported event.	ore, check this box and	
	5 quamos as a publicly supported arrantation		
•	and stop here. The organization qualifies as a publish supported box on line 13 or 16a, and line 15 is 33 1/3% or 16a, and line 15 is 33 1/3% or 16a, and line 15 is 33 1/3% or 16a, and line 15 is 33 1/3% or 16a, and line 15 is 33 1/3% or 16a, and line 15 is 33 1/3% or 16a, and line 15 is 33 1/3% or 16a, and line 15 is 33 1/3% or 16a, and line 15 is 33 1/3% or 16a, and line 15 is 33 1/3% or 16a, and line 15 is 33 1/3% or 16a, and line 15 is 33 1/3% or 16a, and line 15 is 33 1/3% or 16a, and line 15 is 33 1/3% or 16a, and line 15 is 33 1/3% or 16a, and line 15 is 33 1/3% or 16a, and line 15 is 33 1/3% or 16a, and line 15 is 33 1/3% or 16a, and line 15 is 33 1/3% or 16a, and line 15 is 33 1/3% or 16a, and line 15 is 33 1/3% or 16a, and line 15 is 33 1/3% or 16a, and line 15 is 33 1/3% or 16a, and line 15 is 33 1/3% or 16a, and line 15 is 33 1/3% or 16a, and line 15 is 33 1/3% or 16a, and line 15 is 33 1/3% or 16a, and line 15 is 33 1/3% or 16a, and line 15 is 33 1/3% or 16a, and line 15 is 33 1/3% or 16a, and line 15 is 33 1/3% or 16a, and line 15 is 33 1/3% or 16a, and line 15 is 33 1/3% or 16a, and line 15 is 33 1/3% or 16a, and line 15 is 33 1/3% or 16a, and line 15 is 33 1/3% or 16a, and line 15 is 33 1/3% or 16a, and line 15 is 33 1/3% or 16a, and line 15 is 33 1/3% or 16a, and line 15 is 33 1/3% or 16a, and line 15 is 33 1/3% or 16a, and line 15 is 33 1/3% or 16a, and line 15 is 33 1/3% or 16a, and line 15 is 33 1/3% or 16a, and line 15 is 33 1/3% or 16a, and line 15 is 33 1/3% or 16a, and line 15 is 33 1/3% or 16a, and line 15 is 33 1/3% or 16a, and line 15 is 33 1/3% or 16a, and line 15 is 33 1/3% or 16a, and line 15 is 33 1/3% or 16a, and line 15 is 33 1/3% or 16a, and line 15 is 33 1/3% or 16a, and line 15 is 33 1/3% or 16a, and line 15 is 33 1/3% or 16a, and line 15 is 33 1/3% or 16a, and line 15 is 33 1/3% or 16a, and line 15 is 33 1/3% or 16a, and line 15 is 33 1/3% or 16a, and line 15 is 33 1/3% or 16a, and line 15 is 33 1/3% or 16a, and line 15 is 33 1/3% or 16a, and line 15 is 33 1/3% or 16a, and l	Or more check this box	
	3 - Gamillo do a Dublició Sulbinorida Organization		. —
17a	10% -racts-and-circumstances test - 2016. If the organization did not check a box on line 10, 10-		
	and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part meets the "facts-and-circumstances" test. The organization studies are stop here.	nd line 14 is 10% or more,	
	meets the "facts-and-circumstances" test. The cracellated test, check trils box and stop here. Explain in Part	: VI how the organization	
	10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17 more, and if the organization meets the "facts and circumstances" the state of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control	a, and line 15 is 10% or	- —
	on leave the lacts and citients and care been been been been been been been be		
			. —
8	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and		
	Sex exhibit 10, 10a, 10b, 17a, or 17b, check this box and	J see instructions	

Schedule A (Form 990 or 990-EZ) 2016

assets (Explain in Part VI.)

11 Total support. Add lines 7 through 10

Schedule A (Form 990 or 990 EZ) 2016 DISTRICT PTO

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to

Se	ction A. Public Support	now, please comp	nete Part II.)		****		
Cale	endar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not		1	1		}	
	include any "unusual grants.")]			}	
2	Gross receipts from admissions,				Ţ	T	
	merchandise sold or services per-		,	l		1	<u> </u>
	formed, or facilities furnished in any activity that is related to the		}			1	}
	organization's tax-exempt purpose		1	j	 	<u> </u>	
3	Gross receipts from activities that					1	
	are not an unrelated trade or bus-			ļ		1	ļ
	iness under section 513					<u> </u>	<u> </u>
4	Tax revenues levied for the organ-						
	ızatıon's benefit and either paid to		ì		}	į]
	or expended on its behalf		L		<u> </u>	<u> </u>	<u> </u>
5	The value of services or facilities					1	
	furnished by a governmental unit to			}		1	
	the organization without charge					<u> </u>	
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and					j	
	3 received from disqualified persons					<u> </u>	
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		l		į	})
	amount on line 13 for the year				<u> </u>	<u> </u>	<u> </u>
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)		<u> </u>		<u> </u>		L
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) ► 📗	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 6					<u> </u>	
10a	Gross income from interest, dividends, payments received on			j		j	
	securities loans, rents, royalties		Ì	Ì	Ì	1	
	and income from similar sources						
b	Unrelated business taxable income			!		1	
	(less section 511 taxes) from businesses		}			1	}
	acquired after June 30, 1975					<u> </u>	
	Add lines 10a and 10b						
11	Net income from unrelated business					1	
	activities not included in line 10b, whether or not the business is		}				
	regularly carried on				<u> </u>	1	
12	Other income. Do not include gain or loss from the sale of capital		1			Ì	
	assets (Explain in Part VI.)				<u> </u>	<u> </u>	
13	Total support. (Add lines 9, 10c, 11, and 12)		[<u> </u>	<u> </u>
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiza	ation,
<u> </u>	check this box and stop here			, , , , , , , , , , , , , , , , , , , 			
	tion C. Computation of Public						
	Public support percentage for 2016 (lir			olumn (f))		15	
	Public support percentage from 2015			 		16	_ 9
	tion D. Computation of Invest						
	Investment income percentage for 20	-		ie 13, column (f))		17	9
	Investment income percentage from 2					18	9
	33 1/3% support tests - 2016. If the c	=					
	more than 33 1/3%, check this box and	*	=		-		. ▶□
	33 1/3% support tests - 2015. If the c	-					nd ⊾ ┌──
	line 18 is not more than 33 1/3%, chec						· •
47	Private foundation. If the organization	i uiu not check a !	DUX ON IINE 14, 198	<u>a, or 190, check th</u>	<u>IIS DOX ANO SEE INS</u>	<u> รเานตเเอกร</u>	

Schedule A (Form 990 or 990-EZ) 2016 DISTRICT PTO

Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

~	_		_			
Section A	١.	ΑII	Supp	orting	Organ	izations

- 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.
- 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 12a or 12b 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)
- 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
- 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).
- 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).
- 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
1		
<u> </u>		
2		
3a		
3b	ļ	
30		
3c		
42		
<u>4a</u>		
4b_		—
ļ		
4c	-	,
<u> </u>		
_ <u>5</u> a		
5b		
<u>5c</u>		
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}		
6		
7		
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8		
9a		
9b		
9c		
10a		
400		
10b		

45-5131386 Page 4

Schedule A: (Form 990 or 990-EZ) 2016 DISTRICT PTO Part IV Supporting Organizations (continued) 11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? b A family member of a person described in (a) above? 11	Y		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	Y	-T	
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		<u> </u>	No
below, the governing body of a supported organization?	- 1	T	
	丄		
b A family member of a person described in (a) above?	ட	\perp	
		\bot	
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.			
Section B. Type I Supporting Organizations			
	_ Y	es	No
Did the directors, trustees, or membership of one or more supported organizations have the power to			
regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	-		
tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	- }		
controlled the organization's activities. If the organization had more than one supported organization,			
describe how the powers to appoint and/or remove directors or trustees were allocated among the supported		_	
organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	_ _	4	
2 Did the organization operate for the benefit of any supported organization other than the supported	1		
organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	- }	- 1	
Part VI how providing such benefit carned out the purposes of the supported organization(s) that operated,		4	
supervised, or controlled the supporting organization.	Ĺ_	L	
Section C. Type II Supporting Organizations	-	 -	
	_ \ Y	es	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		-	
or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
or management of the supporting organization was vested in the same persons that controlled or managed		-	
the supported organization(s).			
Section D. All Type III Supporting Organizations			
A Ballion 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	Ye	es	No
Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	1	1	
organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	1		
year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	+	-+	
organization's governing documents in effect on the date of notification, to the extent not previously provided?		-+	
Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		- [
organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	+	-	
the organization maintained a close and continuous working relationship with the supported organization(s).	+	+	
By reason of the relationship described in (2), did the organization's supported organizations have a	1		
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	+-	+	
supported organizations played in this regard. Section E. Type III Functionally Integrated Supporting Organizations			
1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). a The organization satisfied the Activities Test Complete line 2 below.			
b The organization is the parent of each of its supported organizations. Complete line 3 below.			
c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction 2 Activities Test. Answer (a) and (b) below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	Ye	*S	No
the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	l	- [
· · · · · · · · · · · · · · · · · · ·			i
	- {		
how the organization was responsive to those supported organizations, and how the organization determined 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	-	Ì
	-	ļ	ļ
reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	+-	+	
3 Parent of Supported Organizations. Answer (a) and (b) below.	+	+	\neg
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	1	1	
trustees of each of the supported organizations? Provide details in Part VI.	+-	十	ئــــ
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	+	+	\neg
of its supported organizations? If "Yes," describe in Part VI, the role played by the organization in this regard.	+-	-	

STARKVILLE OKTIBBEHA CONSOLIDATED SCHOOL m 990 or 990 EZI 2016 DISTRICT PTO 45-5131386

	irt V Type III Non-Functionally Integrated 509(a)(3) Supporting	na Orans		3-3131366 Page 6
4	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			Part VIII Pag instructions
•	Check here if the organization satisfied the Integral Part Test as a qualifyrother Type III non-functionally integrated supporting organizations must contain the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content o	_		ant vi) See instructions.
Sec	tion A - Adjusted Net Income	,omplete Ge	(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	1 1		
	maintenance of property held for production of income (see instructions)	6	_	l
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	tion 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		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		T
	Discount claimed for blockage or other		,	
	factors (explain in detail in Part VI).	l		, ,
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		
Sect	ion C - Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		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		5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			1
-	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional		ed Type III supporting orga	inization (see
	instructions)	,) F	

Schedule A (Form 990 or 990-EZ) 2016

STARKVILLE OKTIBBEHA CONSOLIDATED SCHOOL DISTRICT PTO

	DIAMETER DECEMBER DEC	LIBBUIL CONSOLL	A	5-5131386 Page 7
Sche	dule A (Form 990 or 990 EZ) 2016 DISTRICT PTO Type III Non-Functionally Integrated 509(a)/3) Supporting Organ		5-5131366 Page 7
Щ.		al(o) oupporting organ	IIIZations (Continued)	Current Year
1	on D - Distributions Amounts paid to supported organizations to accomplish exer	nnt nurnosas		Ourrent rear
2	Amounts paid to perform activity that directly furthers exemp			
2	organizations, in excess of income from activity	t purposes or supported		
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations		
4	Amounts paid to acquire exempt-use assets	o or oupported organization to		
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 th	e organization is responsive		
_	(provide details in Part VI). See instructions	- · · · · · · · · · · · · · · · · · · ·		
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016			
a				
b				
С	From 2013			
d	From 2014		*	
e	From 2015	·		
f	Total of lines 3a through e		· ·	,
g	Applied to underdistributions of prior years	`		
<u>h</u>	Applied to 2016 distributable amount			L
<u>i_</u>	Carryover from 2011 not applied (see instructions)			
i_	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2016 from Section D,		`	
	line 7: \$	<u> </u>		6 44 54 5
a	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
<u> </u>	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if			
	any. Subtract lines 3g and 4a from line 2 For result greater			
	than zero, explain in Part VI. See instructions			<u> </u>
6	Remaining underdistributions for 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3		!	ł
	and 4c			
8_	Breakdown of line 7:			
<u>a</u>	L			
	Excess from 2013			
	Excess from 2014		<u> </u>	
	Excess from 2015 Excess from 2016			
æ	LAUGAA IIUIII ZU IU	•		

Schedule A (Form 990 or 990-EZ) 2016

Schedule A	(Form 990 or 990-EZ) 2016 DISTRICT PTO	45-5131386 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, line 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 Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional section D.	or 17b; Part III, line 12; s 1 and 2; Part IV, Section C, rt V, Section B, line 1e, Part V,
	(See instructions.)	
		
		
		
		
		
		
		
		
		
		
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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 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
STARKVILLE OKTIBBEHA CONSOLIDATED SCHOOL Emplo

Open to Public

OMB No 1545-0047

Open to Public Inspection

Employer identification number

DISTRIC	T PTO				<u> 45-5131</u>	<u> 386</u>
Part I Fundraising Activities. required to complete this par	Complete if the organization answet.	red "Y	es" or	Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
1 Indicate whether the organization rais	sed funds through any of the following	a activ	ities (Check all that apply		
a Mail solicitations		-		overnment grants		
b Internet and email solicitations			_			
 -						
d In-person solicitations	_ ·					
2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or						
	key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? L Yes L No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be					
b If "Yes," list the 10 highest paid indiv	viduals or entities (fundraisers) pursua	ant to	agreer	nents under which t	ne fundraiser is to be	;
compensated at least \$5,000 by the	organization.					
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c	Did aiser ustody	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser	(vi) Amount paid to (or retained by) organization
		contrib	utions?		listed in col. (i)	organization
		Yes	No			
						
		-				
				·		
		<u> </u>				
						!
Total		·	>		L	
3 List all states in which the organizatio or licensing.	n is registered or licensed to solicit c	ontrib	utions	or has been notified	it is exempt from re	gistration
						
						
						
						
						
						
						

	edu art	le G (Form 990 or 990-EZ) 2016 DISTRIC		Illiant on Form 200 Post	45-	5131386 Page 2
L.,		Fundraising Events. Complete if the of fundraising event contributions and groups are the contributions.				
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
	}		CHOCOLATE	L		(add col. (a) through
	{		(event type)	BOOK FAIR (event type)	(total number)	col. (c))
Ę	l		(event type)	(everit type)	(total number)	
Revenue	1	Gross receipts	57,713.	34,364.	16,083.	108,160.
ш						
	2	Less. Contributions				
	3	Gross income (line 1 minus line 2)	57,713.	34,364.	16,083.	108,160.
	4	Cash prizes				
						
G	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
Ř						
Irect	7	Food and beverages	ļ			
	8	Entertainment				
	9	Other direct expenses .	41,709.	34,232.	7,639.	83,580.
	10	Direct expense summary. Add lines 4 through	•		>	83,580.
Pa	#	Net income summary. Subtract line 10 from li II Gaming. Complete if the organization a		QQQ Part IV line 19 or r	enorted more than	24,580.
تت		\$15,000 on Form 990-EZ, line 6a.	allaweled tes offform	1990, Part IV, IIIIe 19, OF I	eported more main	
			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
aune			(a) billigo	bingo/progressive bingo	(c) Other gaming	col. (a) through col (c))
Revenue		Cross soverus				
_		Gross revenue				
S.	2	Cash prizes .				
Expenses		Newscale aware				l I
Exp	3	Noncash prizes .				
Direct	4	Rent/facility costs			<u> </u>	
	E	Other direct expenses				
	5	Other direct expenses	Yes %	Yes %	Yes %	
1	6	Volunteer labor	☐ No	No No	No No	
- {	7	Direct expense summary. Add lines 2 through	. Europhuma (d)			
	•	Price expense summary. And lines 2 milough	5 in Column (a)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
۵	Ente	er the state(s) in which the organization condu	cte damina activities.			
		ne organization licensed to conduct gaming ac		states?		Yes No
		lo," explain:			· · ·	
			- 			
10°=	Wer	re any of the organization's gaming licenses re	voked suspended or to	rminated during the tay w	ear?	Yes No
		es," explain:	•			

Schedule G (Form 990 or 990-EZ) 2016 DISTRICT PTO	45-5131386 Page 3
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 96
b An outside facility	13b %
14 Enter the name and address of the person who prepares the organization's gaming/special events books	
Name	
Address >	
15a Does the organization have a contract with a third party from whom the organization receives gaming reve	enue? Yes No
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ are of gaming revenue retained by the third party ▶ \$	nd the amount
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 chantable 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	d (A) and Port III lines 0 Ob 10b 15b
15c, 16, and 17b, as applicable. Also provide any additional information. See instructions	1 (v), and Fart III, lines 5, 50, 100, 150,
	
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Schedule G (Form 990 or 990-EZ) Part IV Supplemental Inform	STARKVILLE DISTRICT P	OKTIBBEHA	CONSOLIDATED	SCHOOL	45-5131386	Page 4
Part IV Supplemental Inform	nation (continued)					1 age 4
o application and a	(continuea)					~
						
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SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service

Parti

Open to Public OMB No 1545-0047 Inspection 45-5131386

Employer identification number 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection STARKVILLE OKTIBBEHA CONSOLIDATED SCHOOL Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States ▶ Attach to Form 990. General Information on Grants and Assistance DISTRICT PTO Name of the organization

₽ 2	tance? cedures for moni	oring the use of grant	funds in the United	States.	ò		☐ Yes 🗓 No
Fart II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Correctional space is needed	Jomestic Organi 5,000. Part II can	zations and Domestic	c Governments. Conal space is need	complete if the orga	anization answered "Y	Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any soled	V, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
 Enter total number of section 501(c)(3) and government organizations lister total number of other organizations listed in the line 1 table 	d government org	janizations listed in the table	sted in the line 1 table				
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	see the Instructi	ons for Form 990.					Schedule I (Form 990) (2016)

Schedule | (Form 990) (2016) DISTRICT PTO

Part III

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed.

Page 2

45-5131386

Schedule I (Form 990) (2016) (f) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. (d) Amount of non-cash assistance 。 14,948 (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance TEACHER MINI-GRANTS 632102 11-01-18

SCHEDULE O (For,m 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No 1545-0047 2016 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

STARKVILLE OKTIBBEHA CONSOLIDATED SCHOOL Emplo

DISTRICT PTO

Employer identification number 45-5131386

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
STUDENT AWARDS AND RECOGNITION, STUDENT SUPPORT, TEACHER SUPPORT,
SCHOOL EVENTS SUPPORT AND OTHER.
EXPENSES \$ 14,856. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.
FORM 990, PART VI, SECTION B, LINE 11B:
RETURN IS PROVIDED TO MANAGEMENT FOR REVIEW AND SUBMISSION TO THE IRS.
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FORM 990, PART VI, SECTION C, LINE 19:
THE GOVERNING DOCUMENTS INCLUDING THE MINUTES, FORM 990, AND FINANCIAL
STATEMENTS ARE AVAILABLE UPON REQUEST FROM THE TREASURER.