_		ru:	nic čirálir	y Status anu i	rubiic	auphi	DI E	@@ <b>4</b>					
Form	990 or 990-EZ)	Complete if the orga		501(c)(3) organization or a se		(1) nónexar	npt charitable trust.	2016					
	ent of the Treasury			ch to Form 990 or Form				Open to Public					
	Revenue Service	► Information about	t Schedule A (Fon	m 990 or 990-EZ) and its	Instruction	s is at ww		Inspection					
	if the organization						Employer identificati						
aska Part	PTA Boar Valle		Hu Status /All	organizations must	complet	e this o		103319					
				s (For lines 1 through									
	_ <u></u> _	•		on of churches descri		-	-						
	= .		٠,	(Attach Schedule E (F									
		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).											
	hospital's na	ime, city, and state	<u>,                                     </u>	onjunction with a hosp									
5		tion operated for t (b)(1)(A)(iv). (Comp	*	college or university	owned or	operate	d by a governme	ntal unit described li					
	An organiza	state, or local government or governmental unit described in section 170(b)(1)(A)(v).  ization that normally receives a substantial part of its support from a governmental unit or from the general public  in section 170(b)(1)(A)(vi). (Complete Part II.)											
8				(1)(A)(vi). (Complete I	Part II.)								
	An agricultur	litural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college sity or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or											
10	receipts from support from	panization that normally receives. (1) more than 33 a% of its support from contributions, membership fees, and gross its from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 a% of its of its offer than gross nevestment income and unrelated business taxable income (less section 511 tax) from businesses early the organization after June 30, 1975. See section 509(a)[2]. (Complete Part III.)											
				sively to test for public									
12	of one or m	ation organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes nore publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). The content of the section 509(a)(3).											
8	Type I. A	A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving ported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the ing organization. You must complete Part IV, Sections A and B.											
b	control o	r management of t	the supporting o	sed or controlled in co organization vested in IV, Sections A and C.	the same	with its s persons	upported organization that control or ma	ation(s), by having inage the supported					
Ċ	its suppo	I functionally integrated. A supporting organization operated in connection with, and functionally integrated with, corted organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.											
ď	that is no	ot functionally integ	grated. The orga	ipporting organization inization generally must complete Part IV, Sec	st satisfy i	a distribu	tion requirement	ported organization(s and an attentiveness					
0				a written determinate tionally integrated sup				pe II, Type III					
f	Enter the num	ber of supported o	rganizations .										
9				ported organization(s).	· · · · · · · · · · · · · · · · · · ·	<del></del>		1 :-:					
	(I) Name of support	ted organization	`(ii) EIN	(described on lines 1-10	(iv) to the or		(v) Amount of moneta support (see	ry (vf) Amount of other support (see					
				above (see instructions))	docum		instructions)	instructions)					
					Yes	No	•	[					
_		-			1								
Y			REC	EIVED	L								
3)			S MAR	8									
7)				L									
D)			OGD	EN, UT									
			1	1	1			l					
E)													

Part	Support Schedule for Organiza	itions Descr	ibed in Secti	ons 170(b)(1	)(A)(iv) and 1	70(b)(1)(A)(vi	Page 2			
	(Complete only if you checked the	ne box on line	5, 7, or 8 of	Part I or if th	e organizatīo	n failed to qua	alify under			
	Part III. If the organization fails to	qualify unde	er the tests his	ted below, p	lease comple	rte Part III.)				
	on A. Public Support									
	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	.(e) 2016	(f) Total			
1	Gifts, grants, contributions, and		,			i i				
	membership fees received. (Do not include any "unusual grants.")									
2	Tax revenues levied for the	29234	24983	17903	24467	22543	119130			
-	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	29234	24983	17903	24467	22543	119130			
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).									
8	Public support. Subtract line 5 from line 4						· <del>- 1</del>			
	on B. Total Support									
	dar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total			
7	Amounts from line 4	29234	24983	17903	24467	. 22543	119130			
8	Gross income from interest, dividends,					į.				
	payments received on securities loans, rents, royalties and income from similar sources		RE	CEIVED						
9	Net income from unrelated business activities, whether or not the business is regularly carried on		MAR	1 3 2018	080-8					
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		OGI	EN, UT						
11	Total support. Add lines 7 through 10						119130			
12	Gross receipts from related activities, etc.	(see instruction	ons)			12	113130			
13	First five years. If the Form 990 is for the organization, check this box and stop he	ne		d, third, fourth	, or fifth tax ye	ear as a section	501(c)(3) ► □			
	on C. Computation of Public Suppor									
14	Public support percentage for 2016 (line 6	• • • •	•			14	<u>%</u>			
15 16a	Public support percentage from 2015 Sch					15	%			
	331/a% support test = 2016. If the organization did not check the box on line 13, and line 14 is 331/a% or more; check this box and stop here. The organization qualifies as a publicly supported organization.									
b	331/n% support test—2015. If the organization did not check a box on line 13 or 16a, and line 15 is 331/n% or more, check this box and stop here. The organization qualifies as a publicly supported organization									
17a	10%-facts and-circumstances test—2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.									
b	10%-facts-and-circumstances test—21 15 is 10% or more, and if the organiza Explain in Part VI how the organization is supported organization	015. If the orga tion meets, the neets the "fact	anization did n e, "facts-and-c s-and-circums	ot check a bo ircumstances' itances" test.	x on line 13, 1 ' test, check t The organizatio	6a, 16b, or 17a his box and st on qualifies as	, and line top here. a publicly			
18	Private foundation. If the organization di instructions	d not check a	oox on line 13,	16a, 16b, 17a	, or 17b, checi	this box and s	99			

BEAR VALLEY ELEMENTARY PTA 15001 MOUNTAIN AIR DR ANCHORAGE AK 99516

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DECLARATION

Under penalties of perjury, I declare that I 've examined the return identified in this letter, including any accompanying schedules and statements, and any supplemental statements attached-hereto, which are intended as supplements to the return, and to the best of my knowledge and belief, it's true, correct and complete. I understand this declaration will become a permanent part of the return.

Signature of authorized individual

Title

TREASurer

https://amscis.enterprise.irs.gov/cis/ViewerContent/lib/client.html?logLevel=all&locale=e... 4/11/2018