# **Short Form Return of Organization Exempt From Income Tax**

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

2016

OMB No. 1545-1150

Department of the Treasury

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

Open to Public Inspection

Inter	irtment o nal Rever	nue Service	▶ Information about Form 990-EZ and its instructions is at ww	w.irs.gov/for	m990.	mapection
ĀF	For the 2016 calendar year, or tax year beginning August 1 , 2016, and ending				July	31 , 20 17
_	heck if ap		C Name of organization	D Employe	r identification number	
	Address c	hange	Evergreen Elementary School		54-1591074	
	Name cha	ange	Number and street (or P.O. box, if mail is not delivered to street address)	Room/suite	E Telephon	
	notial retu	ırn	1701 Evergreen East Parkway			804-378-2400
=		m/terminated	City or town, state or province, country, and ZIP or foreign postal code	60	F Group E	
=	Amended Amelication	retum on pending	Midlothian, VA 23114	() 2	Numbe	· ·
		ting Method	☐ Cash ☐ Accrual Other (specify) ►			if the organization is not
	/ebsite	.*	eepta.com	**		attach Schedule B
			eck only one) — ✓ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or	<u>□</u> 527	•	990-EZ, or 990-PF).
		<del></del>	Corporation ☐ Trust ☑ Association ☐ Other	11021	(, 0, 11, 0, 0, 0, 1	
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or m	ore or if tota	l assets	<del></del>
			w) are \$500,000 or more, file Form 990 instead of Form 990-EZ			f 427472.00
_	art I		e, Expenses, and Changes in Net Assets or Fund Balance		inetructio	\$ 127473.00 one for Part I)
			the organization used Schedule O to respond to any question in			
	1		ons, gifts, grants, and similar amounts received			<del></del>
	2		ervice revenue including government fees and contracts			
	3	-	ip dues and assessments			
	4	Investment			- 4	
	5a				· ·  -	85
	_					ł
	b			no En\		_
	C		ss) from sale of assets other than inventory (Subtract line 5b from li nd fundraising events	C		
	6	_	ome from gaming (attach Schedule G if greater than	ł		
20 Bevenue	а	\$15,000) .	6a			
Ž	b	Gross inco	າຣ			
ĝ,		from fundr				
0			ch gross income and contributions exceeds \$15,000) 6b		963	
	C		et expenses from gaming and fundraising events 6c		1,511	
66	d		e or (loss) from gaming and fundraising events (add lines 6a and	6b and sul	btract	
<b>e</b> Ø		line 6c) .			· · 6	d -548
JAN	7a	Gross sale	s of inventory, less returns and allowances		21,227	
	b		of goods sold		17,562	
	С	Gross prof	it or (loss) from sales of inventory (Subtract line 7b from line 7a) .	<u> </u>	7	C 3,665
2	8		nue (describe in Schedule O)	ECENTE	=n.	<del></del>
畧	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		ع الماد	<del></del>
CANNED	10		d similar amounts paid (list in Schedule O)			0 40,977
	11		aid to or for members	EC 18 5	1111/2	ן ון
<b>Expenses</b> ©	12		ther compensation, and employee benefits			2
3NS	13		al fees and other payments to independent contractors	3:05.VI.	1.15	
Ř	14		· · · · · · · · · · · · · · · · · · ·	GOEN,		<del></del>
ú	15		ublications, postage, and shipping		1	
	16		enses (describe in Schedule O)		1	
	17	Total expe	enses. Add lines 10 through 16	_ <u></u>	. 🕨 1	
ន	18		(deficit) for the year (Subtract line 17 from line 9)			8 208
e S	19		or fund balances at beginning of year (from line 27, column (A))		e with	
AS			ar figure reported on prior year's return)		· · 1	
Net Assets	20		nges in net assets or fund balances (explain in Schedule O)		2	0
_	21	Net assets	or fund balances at end of year. Combine lines 18 through 20 .	<del></del>	. 🕨 2	
For	Papen	work Reduct	tion Act Notice, see the separate instructions. Cat.	No. 106421		Form 990-EZ (2016)

70

Part	·			_
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part '	V. Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	res	NO /
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		<b>√</b>
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		<b>√</b>
c b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶   37a			<b>-V</b>
b 38a	Did the organization file <b>Form 1120-POL</b> for this year?	37b 38a		1
b	If "Yes," complete Schedule L, Part II and enter the total amount involved   38b	300		_
39	Section 501(c)(7) organizations. Enter:	1		
a	Initiation fees and capital contributions included on line 9	-		
40a	Gross receipts, included on line 9, for public use of club facilities	1		
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		<b>√</b>
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
đ	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		<b>√</b>
41	List the states with which a copy of this return is filed ▶ n/a			
<b>42</b> a		804-51	3-231	0
b	Located at ► 14307 Jeffries Place, Midlothian VA 23114 ZIP + 4 ►  At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		1
	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States? .  If "Yes," enter the name of the foreign country:	42c		✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year	· ·	. (	<b>▶</b> □
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		Yes	No
	completed instead of Form 990-EZ	44a		1
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	. ~	1
c d	Did the organization receive any payments for indoor tanning services during the year?	44c		1
u	explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		1
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		1

		•		
-	000	<b></b> _	(2016)	
OHILL	350-		1/() I DI	

46	Did to to ca	ne organization engage, directly or in ndidates for public office? If "Yes," of the contract	ndirectly, in political complete Schedule C	ampaign activities	on behalf o	of or in opposi	tion	6	
Part	VI	Section 501(c)(3) organizations All section 501(c)(3) organization 50 and 51.	only					s for li	nes
		Check if the organization used Sc	hedule O to respond	I to any question in	this Part	VI	<u> </u>	<u></u>	. 🗆
47		he organization engage in lobbying If "Yes," complete Schedule C, Par		section 501(h) elec				Ye:	s No
48 49a b 50	Did ti If "Ye Comp	organization a school as described in the organization make any transfers the s," was the related organization a septete this table for the organization's soyees) who each received more that	o an exempt non-cha ection 527 organization five highest compens	ritable related orga on?	nization? other than o	officers, direct	49 ors, trus		
		Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS	(d) He contribut benefit pl	ealth benefits, lons to employee ans, and deferred mpensation	(e) Estim	nated am	nount of
					-				
f 51	Com	number of other employees paid ovolete this table for the organization ,000 of compensation from the orga	's five highest compe	ensated independe	nt contrac	tors who each	receive	ed mo	re than
	(a)	Name and business address of each independ	dent contractor	(b) Type of s	ervice	(c	) Compens	sation	
					<del>.,,,,,</del>				
d		number of other independent contra		•					
52	comp	the organization complete Scheduleted Schedule A	· · · · · ·	<u> </u>	<u> </u>	· · · · · · · · · · · · · · · · · · ·	.▶☑ Y		] No
true, co	rect, an	of perjury, I declare that I have examined this d complete Declaration of preparer (other than	return, including accompan n officer) is based on all info	lying schedules and state ormation of which prepar	ements, and to er has any kno	o the best of my kr owledge.	nowledge	and belie	er, it is
Sign Here		Signature of officer  Melanie M. Nelson, Evergreen Eler Type or print name and title	mentary PTA Treasurer			Date 12	114	120	17
Paid Prep	arer	Print/Type preparer's name	Preparer's signature		Date	Check Self-emplo	ıf Pīli yed	N	
Use		Firm's name ▶				Firm's EIN ▶			
May th	ne IRS	Firm's address ► discuss this return with the prepare	r shown above? See i	instructions		Phone no.	► □ Y	es [	No

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

### **Public Charity Status and Public Support**

2016

Department of the Treasury Internal Revenue Service Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Open to Public

OMB No. 1545-0047

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Inspection Name of the organization **Employer identification number** 541591074 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 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: 10 An organization that normally receives: (1) more than 331/3% 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 331/3% 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). 12 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 ь 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 III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . . . . . Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 d in your goven other support (see support (see document? above (see instructions)) instructions) instructions) Yes No (A) (B) (C) (D)

(E)

	(Complete only if you checked the Part III. If the organization fails to						alify under
Sect	on A. Public Support					1	
Caler	dar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	<b>(e)</b> 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	0	0	0	0		0
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	a	0			0
3	The value of services or facilities furnished by a governmental unit to the organization without charge	O	0	0	O	0	0
4	Total. Add lines 1 through 3	0	0	/ O	0	0	0
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)		g				0
6	Public support. Subtract line 5 from line 4						0
	on B. Total Support		1/	<u></u>		<u> </u>	<u>~</u>
Caler	idar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	<b>(e)</b> 2016	(f) Total
7	Amounts from line 4	0	// 0	0	0	0	0
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	0		0	0	0	0
9	Net income from unrelated business activities, whether or not the business is regularly carried on	9	0	0	0	0	0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		0	0	0	0	0
11	Total support. Add lines 7 through 10	!					0
12	Gross receipts from related activities, etc	. (see instruction	ons)			12	0
13	First five years. If the Form 990 is for the	-			•		
	organization, check this box and stop he			<del> </del>	<del> </del>	<u> </u>	· · • 📮
	on C. Computation of Public Suppor				<del></del> -		
14 15 16a	Public support percentage for 2016 (line of Public support percentage from 2015 Sch 331/2% support test—2016. If the organization quality and stop here. The organization quality support test—2016.	nedule A, Part zation did not	II, line 14 check the box	c on line 13, ar	[ nd line 14 is 33		
b	331/2% support test—2015. If the organithis box and stop here. The organization	zation did not	check a box o	n line 13 or 16	a, and line 15 i	is 331/3% or m	ore, check
17a	10%-facts-and-circumstances test—2 10% or more, and if the organization me Part VI how the organization meets the " organization	eets the "facts facts-and-circ	-and-circumsta umstances" te	ances" test, chest. The organiz	neck this box a zation qualifies	nd <b>stop here.</b> as a publicly	Explain in supported
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization of Explain in Part VI how the organization of supported organization	ition meets th neets the "fac	e "facts-and-c ts-and-circums	circumstances' stances" test.	" test, check t The organization	his box and s	stop here.
18	Private foundation. If the organization di instructions	d not check a	box on line 13,	, 16a, 16b, 17a	i, or 17b, check		see

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

(Complete only if you checked	he box on line 10 of Part I or if the organization failed to	qualify under Part II.
If the organization fails to qualif	y under the tests listed below, please complete Part II.)	

Secti	on A. Public Support			, p.o oo			
	dar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	<b>(e)</b> 2016	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	12335	18410	20871	18807	76770	147193
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	68923	62751	64860	58134	50618	305286
3	Gross receipts from activities that are not an unrelated trade or business under section 513	O	o	0	0	0	
4	Tax revenues levied for the organization's benefit and either paid						
	to or expended on its behalf	0	0	0	0	0	0
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	81258	0	0 05724	70041	127200	452470
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons		81161	85731	76941	127388	452479
<b>h</b>	· · · · · · · · · · · · · · · · · · ·	0	0	0	0	0	0
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year	0	0	0	0	0	0
	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support. (Subtract line 7c from		1				
C4	line 6.)						452479
	on B. Total Support	(-) 0040	# N 0040	( ) 204 ( )	10 0015	( ) 0010	40.7.1.1
Calen 9	dar year (or fiscal year beginning in) Amounts from line 6	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	<b>(e)</b> 2016	(f) Total
10a	Gross income from interest, dividends, payments received on securities loans, rents,	81258	81161	85731	76941	127388	452479
	royalties and income from similar sources .	9	11	48	51	85	204
b	Unrelated business taxable income (less section 511 taxes) from businesses	Š					
	acquired after June 30, 1975	0	0	0	0	0	0
C	Add lines 10a and 10b	9	11	48	51	85	204
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0	o	0	0	0	0
12	Other income. Do not include gain or loss from the sale of capital assets				· ·	<del>-</del>	<del></del>
	(Explain in Part VI.)	0	o	o	0	0	0
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)	81267	81172	85779	76992	127473	452683
14	First five years. If the Form 990 is for the organization, check this box and stop her	e organization		d, third, fourth,		ear as a section	n 501(c)(3)
Secti	on C. Computation of Public Suppor		<del></del>	<del></del>	<del></del>		
15	Public support percentage for 2016 (line 8	3, column (f) dr	vided by line 1	3, column (f))		15	99.9 %
16	Public support percentage from 2015 Sch					16	99.9 %
Secti	on D. Computation of Investment In	come Percer	ntage				
17	Investment income percentage for 2016 (	line 10c, colum	n (f) divided by	y line 13, colun	nn (f))	17	.00 %
18	Investment income percentage from 2015		•			18	.02 %
19a	331/3% support tests—2016. If the organ						•
	17 is not more than 331/3%, check this box						
b	331/3% support tests—2015. If the organize line 18 is not more than 331/3%, check this I						
20	Private foundation. If the organization di	d not check a t	oox on line 14,	19a, or 19b, c	heck this box	and see instru	ctions 🕨 🗍

### Part IV 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.)

	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete P	art V	.)	
Secti	on A. All Supporting Organizations			
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by		Yes	No
2	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	1		
	under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	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.	3a		
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 <b>Part VI</b> when and how the organization made the determination.	3b		
	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
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.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
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 <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.			
5а	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 <b>Part VI</b> , 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).	4c 5a		
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?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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 chantable 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 <b>Part VI</b> .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	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).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
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 <b>Part VI</b> .	9b		
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 <b>Part VI</b> .	9c		
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.	10a		

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.)

10b

Part	Supporting Organizations (continued)			
44			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	}		
а	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	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.	11c		
	on B. Type I Supporting Organizations			
			Yes	No
1	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 <b>Part VI</b> 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.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations		L	<u> </u>
			Yes	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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations		,	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax 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?			
_		1		
2	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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
Section	on 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	instru	ction	s).
a	The organization satisfied the Activities Test. Complete line 2 below.			-,-
ь	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 in	struct	ions).
2	Activities Test. Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	Γ	163	110
_	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b> those supported organizations and explain how these activities directly furthered their exempt purposes, 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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.		<b> </b>	
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3ь		

Schedule	Α	(Form	990	or	990-	F7۱	201	6

Page 6

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	ani	zations	<del></del>		
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.					
Section A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)			
1 Net short-term capital gain	1				
2 Recoveries of prior-year distributions	2				
3 Other gross income (see instructions)	3				
4 Add lines 1 through 3.	4				
5 Depreciation and depletion	5				
6 Portion of operating expenses paid or incurred for production or					
collection of gross income or for management, conservation, or					
maintenance of property held for production of income (see instructions)	6				
7 Other expenses (see instructions)	7				
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8				
Section B - Minimum Asset Amount		(A) Prìor 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):	1		1		
a Average monthly value of securities	1a				
b Average monthly cash balances	1b				
c Fair market value of other non-exempt-use assets	1c				
d Total (add lines 1a, 1b, and 1c)	1d				
e Discount claimed for blockage or other					
factors (explain in detail in Part VI):	1				
2 Acquisition indebtedness applicable to non-exempt-use assets	2				
3 Subtract line 2 from line 1d.	3				
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,					
see instructions).	4				
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6 Multiply line 5 by .035.	6				
7 Recoveries of prior-year distributions	7				
8 Minimum Asset Amount (add line 7 to line 6)	8				
Section C - Distributable Amount			Current Year		
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1				
2 Enter 85% of line 1.	2	<del></del>			
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3				
4 Enter greater of line 2 or line 3.	4				
5 Income tax imposed in prior year	5				
6 Distributable Amount. Subtract line 5 from line 4, unless subject to					
emergency temporary reduction (see instructions).	6				
7 Check here if the current year is the organization's first as a non-functional	y int	egrated Type III support	ing organization (see		
instructions).			•		

Part	Type III Non-Functionally Integrated 509(a)(3	) Supporting Organi	zations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe	orted		
	organizations, in excess of income from activity			
3_	Administrative expenses paid to accomplish exempt purp	nızations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)	<del></del>		<del></del>
6	Other distributions (describe in Part VI). See instructions.	<del></del>		
	Total annual distributions. Add lines 1 through 6.	<del></del>		
8	Distributions to attentive supported organizations to which	h the organization is res	sponsive	
	(provide details in Part VI). See instructions.	<del></del>		
9	Distributable amount for 2016 from Section C, line 6		- <del> </del>	
10	Line 8 amount divided by Line 9 amount	<del></del>	,	
Se	ection 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 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2016:			
а				
b	·			
С	From 2013			
d	From 2014			
ее	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	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.			
a	Applied to underdistributions of prior years			 
b	Applied to 2016 distributable amount			<u> </u>
<u>C</u>	Remainder. Subtract lines 4a and 4b from 4.		<del></del>	
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.	<del></del>		<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 3j and 4c.			
8	Breakdown of line 7:		<u></u>	
<u>a</u>	Fueron (non-0040)			
<u>b</u>	Excess from 2013			
<u>C</u> _	Excess from 2014	<u> </u>		
d	Excess from 2015			<u> </u>
е	Excess from 2016		L	

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

#### SCHEDULE O (Form 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.

2016

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization	Employer identification number
vergreen Elementary PTA	541591074
orm 990-EZ, Part I, Line 1- Contributions, gifts, grants, and similar amo	unts received
pex Fun Run Fundraiser Donations	65,891.74
ommunity Donations	420.00
pirit Nights/Retailer Donations	8,683.32
	Total Line 1 \$74,995.06
	,
	***************************************