Form 990-EZ

# Short Form 100 Return of Organization Exempt From Income Tax

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

OMB No 1545-1150

Department of the Treasury Internal Revenue Service ▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Open to Public Inspection

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F			endar year, or tax year beginning SEP 1, 2016	and ending	AUG	31,	2017
E	Check applica	ıf able	C Name of organization		D E	Employer	identification number
	Add	iress change	QUINN ELEMENTARY SCHOOL PARENT				
	Nar	ne change	GROUP, INC.			74-3	3193669
12.		al return	Number and street (or P.O box, if mail is not delivered to street address	s) Room/si	ute E		e number
4	Fina	al return/ ninated	529 HAWTHORN STREET			•	-997-3178
7		ended return	City or town, state or province, country, and ZIP or foreign postal code	<b>4</b> -	<u>,  -</u>	Group Ex	
딥	$\overline{}$	ication pending	DARTMOUTH, MA 02747	()-	<b>`</b>	Number	
$\omega_{\rm G}$		inting Meth					X if the organization is
		ite $ ightharpoonup N$			_		red to attach Schedule B
5 <b>™</b>			s (check only one) $ \times$ 501(c)(3) $\longrightarrow$ 501(c) ( ) $\blacktriangleleft$ (insert r	no ) 4947(a)(1) or			
활~~	Form	of organiza		Other	521	(FUIIII 99	0, 990-EZ, or 990-PF).
Statute 5.5.1	V44 I	-	and 7b to line 9 to determine gross receipts. If gross receipts-are. \$200,0		20-4 II	<del>-</del>	
<u> </u>	COLUM		) are \$500,000 or more, file Form 990 instead of Form 990=EZ	iou or more, or il total assets (r	Part II,		44 110
ှေ	Part I	Reve	nue, Expenses, and Changes in Net Assets or F	und Balances (see the u	netruetic	one for De	
2			/ · /	,	150 0000	טווא וטו רמ	11(1) [42]
2		Contribut	the organization used Schedule of to respond to any question in this Pa ons, gifts, grants, and similar amounts recond ATUTE UNIT	urt 1			1 471
	1 '	Drogram	service revenue including government rees Richards VED			1	1,471.
	2	Momboso		1		2	
	3		hip dues and assessments at income SEP 13 2021	SEÆ SCHEDULE	^	3	
	4	Investme	· · · · · · · · · · · · · · · · · · ·	<b>⊿</b> i	J	4	3.
	5a		ount from sale of assets other than inventory TOR BRANCH	5a		$\dashv$	
	b	Less: cos	or other basis and sales expenses oss) from sale of assets other than inventory (Subtract line 5b from line s	5b		┥_	
	C			5a)		_ 5c	
	6	•	nd fundraising events				RECEIVED
ondo de	3   a		ome from gaming (attach Schedule G if greater than				
ģ	፤   [	\$15,000)	ama faran faran aran aran aran aran aran a	6a	<del></del>		ଷ୍ଟ୍ର AUG <b>3 1</b> 2021
å	<u> </u>		ome from fundraising events (not including \$	of contributions			AUG 3 1 2021
۸.			raising events reported on line 1) (attach Schedule G if the sum of such	1			
2022		-	ome and contributions exceeds \$15,000)	6b			OGDEN, UT
	0		ct expenses from gaming and fundraising events	6c		┦`	
70	d		e or (loss) from gaming and fundraising events (add lines 6a and 6b and	1 1 '		6d	
83	7a		es of inventory, less returns and allowances	7a			
AUG	b		of goods sold	7b			
A	C		fit or (loss) from sales of inventory (Subtract line 7b from line 7a)	ann aaunnu n	_	7c	40.645
Ω	8			SEE SCHEDULE	_	8	42,645.
WED	9		nue Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8				44,119.
Ž	10		d similar amounts paid (list in Schedule 0)			10	
SCAN	11	•	aid to or for members			11	
တ္တ	12		ther compensation, and employee benefits			12	
٩	13		nal fees and other payments to independent contractors			13	
S(Fynenses	114	•	/, rent, utilities, and maintenance			14	
	15		ublications, postage, and shipping	000 0000000 0 /		15	45.600
	16			SEE SCHEDULE (	_	16	45,687.
_	17		enses. Add lines 10 through 16				45,687.
Ý	18		(deficit) for the year (Subtract line 17 from line 9)			18_	-1,568.
dy	19		or fund balances at beginning of year (from line 27, column (A))				00 000
Net Assets			e with end-of-year figure reported on prior year's return)			19	28,323.
Ž			nges in net assets or fund balances (explain in Schedule O)		_	20	0.
-	_   21		or fund balances at end of year. Combine lines 18 through 20			21	26,755.
L	HA Foi	Paperwork	Reduction Act Notice, see the separate instructions				Form <b>990-EZ</b> (2016)

8

Part II Balance Sheets (see the instructions for Part II)			4-31930	103 rage 2
Part II Balance Sheets (see the instructions for Part II) Check if the organization used Schedule O to res	spand to any guastic	on in this Dort II		(TZ)
Check if the organization used Schedule O to les			(0) (	ind of year
On the same and a materials	}\	A) Beginning of year	- · · · · · · · · · · · · · · · · · · ·	
22 Cash, savings, and investments		28,749.		<u>27,272.</u>
23 Land and buildings	<del> </del>		23	
24 Other assets (describe in Schedule 0)	<u> </u>	20.740	24	27 272
25 Total assets	<u> </u>	28,749		27,272. 517.
26 Total liabilities (describe in Schedule 0) SEE SCHEDULE C	<b>'</b>	426.		
27 Net assets or fund balances (line 27 of column (B) must agree with line 21) Part III Statement of Program Service Accomplishment	nte (see the instruct	28,323		26,755.
	•	•		rpenses for section
Check if the organization used Schedule O to res		on in this Part IIII	501(c)(3)	and 501(c)(4)
What is the organization's primary exempt purpose? SEE SCHEDULE C	) 	<del></del>		ons; optional for
Describe the organization's program service accomplishments for each of its three largest program manner, describe the services provided, the number of persons benefited, and other relevant inform		es In a clear and concise	others.)	
	· · · · · · · · · · · · · · · · · · ·		<del></del>	
28 THE ENCOURAGEMENT OF PARENTAL AND C			— I i	
THE ENVIRONMENT OF THE JAMES QUINN	ELEMENTARY SO	CHOOL	<del></del>	
				45 605
(Grants \$ ) If this amount includes foreign of	grants, check here	<b>&gt;</b>	28a	<u>45,687.</u>
29			<u> </u>	
			-	
<del></del>				
(Grants \$ ) If this amount includes foreign of	grants, check here	<u> </u>	29a	<del></del>
30			_	
			<u> </u>	
(Grants \$ ) If this amount includes foreign of	grants, check here	<u> </u>	30a	
31 Other program services (describe in Schedule O)		ŗ		
(Grants \$ ) If this amount includes foreign of	rants, check here	<u> </u>	31a	
32 Total program service expenses (add lines 28a through 31a)			▶ 32	45,687.
The state of the s				
Part IV List of Officers, Directors, Trustees, and Key E		•	ee the instructions f	or Part IV)
Part IV List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to res	pond to any questic	on in this Part IV		or Part IV)
Part IV List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to res	(b) Average hours	on in this Part IV	d) Health benefits,	(e) Estimated
Part IV List of Officers, Directors, Trustees, and Key E	(b) Average hours per week devoted to	(c) Reportable compensation (Forms W-2/1099-MISC)	d) Health benefits, contributions to employee benefit	(e) Estimated amount of other
Part IV List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to res  (a) Name and title	(b) Average hours	(c) Reportable compensation (Forms	d) Health benefits, contributions to	(e) Estimated
Part IV List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to res  (a) Name and title  LISA PERRY	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Part IV List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to res  (a) Name and title  LISA PERRY  PRESIDENT	(b) Average hours per week devoted to	(c) Reportable compensation (Forms W-2/1099-MISC)	d) Health benefits, contributions to employee benefit plans, and deferred	(e) Estimated amount of other
Check if the organization used Schedule O to res  (a) Name and title  LISA PERRY PRESIDENT SONYA SILVA	(b) Average hours per week devoted to position  1.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Check if the organization used Schedule O to res  (a) Name and title  LISA PERRY PRESIDENT SONYA SILVA TREASURER	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Check if the organization used Schedule O to res  (a) Name and title  LISA PERRY  PRESIDENT  SONYA SILVA  TREASURER  LISA CORREIA	(b) Average hours per week devoted to position  1.00	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	d) Health benefits, contributions to employee benefit blans, and deferred compensation  0.	(e) Estimated amount of other compensation
Check if the organization used Schedule O to res  (a) Name and title  LISA PERRY PRESIDENT SONYA SILVA TREASURER LISA CORREIA VICE PRESIDENT	(b) Average hours per week devoted to position  1.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
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Check if the organization used Schedule O to res  (a) Name and title  LISA PERRY PRESIDENT SONYA SILVA TREASURER LISA CORREIA VICE PRESIDENT JESSICA COUTO	(b) Average hours per week devoted to position  1.00  1.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	d) Health benefits, contributions to employee benefit plans, and deferred compensation  0.	(e) Estimated amount of other compensation  0.
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## QUINN ELEMENTARY SCHOOL PARENT

<u>For</u> r	n 990-EZ (2016) GROUP, INC. 74-3193			Page 3
P	art V Other Information (Note the Schedule A and personal benefit contract statement requiremen		the	
	instructions for Part V) Check if the organization used Sch. O to respond to any question in th	is Pai	τV	$\mathbf{X}$
			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		Х
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		Х
35 a	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		X
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	N/	
G	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax			
	requirements during the year? If "Yes," complete Schedule C, Part III	35c		Х
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		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions			•
b	Did the organization file Form 1120-POL for this year?	37b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made			ļ
	in a prior year and still outstanding at the end of the tax year covered by this return?	38a		_X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a N/A			Ì
b	Gross receipts, included on line 9, for public use of club facilities  39b N/A	_		
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ► 0 . ; section 4912 ► 0 . ; section 4955 ► 0 .			- '
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit			l
	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		X
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on	Ī		
	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed			
	by the organization   O.	\	٠	}
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	١		٠ .
	transaction? If "Yes," complete Form 8886-T	40e_		_X_
41	List the states with which a copy of this return is filed ► MA  The organization's books are in care of ► THE ORGANIZATION  Telephone no. ► 508 – 99	7 2	170	
42 a	Located at ► 529 HAWTHORN STREET, DARTMOUTH, MA ZIP+4 ► C			
	At any time during the calendar year, did the organization have an interest in or a signature or other authority	2/4	<del>'</del>	
U	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b		X
	If "Yes," enter the name of the foreign country			<b></b> -
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
c	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		X
•	If "Yes," enter the name of the foreign country.			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here			
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A		
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44a		X
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		X
C	Did the organization receive any payments for indoor tanning services during the year?	44c		Х
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation			
	ın Schedule O	44d		
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
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		
		Form 9	00-E7	(2016)

Under penaltie	s of perjury, I declare that I have examined th	s return, including accompanying	schedules and statements	s, and to the best of m	ny knowledge and belief, it i	s
rue, correct, a	nd complete. Declaration of preparer (other the	an officer) is based on all informa	ation of which preparer has	any knowledge.		
Sign Here	Signature of officer  PRESIDENT  Type or print name and title	Tur	Date			_
Paid	Print/Type preparer's name ANTHONY J. MARTIN, CPA	Preparer's signature	Date	Check if self- employed	PTIN P00446146	_

NORTH DARTMOUTH, MA 02747

May the IRS discuss this return with the preparer shown above? See instructions

Firm's address ► 522 HAWTHORN STREET

LAPALME & MARTIN

Firm's name DIAS,

Firm's EIN  $\triangleright$  80-0029766 Phone no. (508)994-9333

➤ X Yes

Form 990-EZ (2016)

Preparer

**Use Only** 

#### **SCHEDULE A**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

## **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.

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.

2016

Open to Public Inspection

Employer identification number Name of the organization OUINN ELEMENTARY SCHOOL PARENT 74-3193669 GROUP INC 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) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(1). 2 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 10 X 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 ) 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 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) (iv) is the organization listed in your governing document? (i) Name of supported (n) EIN (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))

QUINN ELEMENTARY SCHOOL PARENT Schedule A (Form 990 or 990-EZ) 2016 GROUP, INC.

	edule A (Form 990 or 990 EZ) 2016 G	ROUP, INC	Donasih at in	0 1 470	(L)(4)(A)(:,)	74-319	3669 Page 2
Pa	Support Schedule for	_					
	(Complete only if you checked			-	on failed to qualify	under Part III If the	eorganization
	fails to qualify under the tests	iisted below, pież	ase complete Part	··· <i>)</i>			
Se	ction A. Public Support	<u> </u>			<del></del>	· · · · · · · · · · · · · · · · · · ·	
Cale	ndar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")						
2	Tax revenues levied for the organ-						
	ization'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						<del></del>
5	The portion of total contributions				/		
5	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)	_ <del></del> -		/			
	Public support. Subtract line 5 from line 4				<u> </u>		
	ction B. Total Support	<del></del>		/		<del></del>	
	ndar year (or fiscal year beginning in) 🖊	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						<del></del>
9	Net income from unrelated business						
	activities, whether or not the	,	/				
	business is regularly carried on						
10	Other income Do not include gain						
	or loss from the sale of capital				•		
	assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc (see instruction	ons)		<u> </u>	12	
	First five years. If the Form 990 is for	<i></i>	•	d, fourth, or fifth ta	ax year as a sectio		
	organization, check this box and stop			,	•	.,,,	ightharpoons
Sec	ction C. Computation of Publi		rcentage		······································		
14	Public support percentage for 20,16 (li	ne 6. column (f) d	ivided by line 11, c	olumn (f))		14	%
	Public support percentage from 2015		=	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		15	%
	33 1/3% support test - 2016. If the o			n line 13, and line	14 is 33 1/3% or n		<del></del>
	stop here. The organization qualifies a	-				ioro, orioon and bo	<b>▶</b> □
h	33 1/3% support test - 2015. If the o		=		l line 15 is 33 1/3%	or more check th	us hox
~	and stop here. The organization qualif	_				. O	▶□
170	10% -facts-and-circumstances test	•	•		a 13 16a or 16b s	and line 14 is 10%	or more
ıra	and if the organization meets the "fact						
	meets the "facts-and-circumstances" t					t villow the organ	<u> </u>
	/	=			-	17a and line 15 :	10% or
10	10% -facts-and-circumstances test						
	more, and if the organization meets the				•		▶ □
40	organization meets the "facts-and-circ						
18	Private foundation. If the organization	i did not check a	DOX OF THE 13, 168	a, 100, 1/a, 0r 1/l			
	/				Sche	dule A (Form 990	or 990-EZ) 2016
	/						

## Schedule A (Form 990 or 990-EZ) 2016 GROUP, INC. 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	quality under the tests listed b	elow, please comp	iete Part II )	·	<del></del>		
	ndar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Gifts, grants, contributions, and		(2) 20,0	(0)201.	(4) 2010		(I) Total
•	membership fees received (Do not						
	include any "unusual grants ")	1,409.	175.	1,171.	1,428.	1,471.	5,654.
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	102,095.	28,702.	53,916.	64,321.		291,679.
3	Gross receipts from activities that				3 = 7 3 = 3		
Ū	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge		,				
6	Total. Add lines 1 through 5	103,504.	28,877.	55,087.	65,749.	44,116.	297,333.
7:	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
ŀ	namounts 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.
(	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6)						297,333.
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6	103,504.	28,877.	55,087.	65,749.	44,116.	297,333.
10	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	6.	4.	3.	3.	3.	19.
t	Unrelated business taxable income					-	
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	: Add lines 10a and 10b	6.	4.	3.	3.	3.	19.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13	Total support (Add lines 9, 10c, 11, and 12)	103,510.	28,881.	55,090.	65,752.	44,119.	297,352.
14	First five years. If the Form 990 is for	the organization's	first, second, third	, fourth, or fifth ta	k year as a section	501(c)(3) organiz	ation,
	check this box and stop here	·					<u>▶</u>
Se	ction C. Computation of Publ	ic Support Per	centage				
15	Public support percentage for 2016 (I	ine 8, column (f) div	vided by line 13, co	olumn (f))		15	99.99 <u>%</u>
16	Public support percentage from 2015					16	<u>99.99 %</u>
Se	tion D. Computation of Inves	stment Income	Percentage				
17	Investment income percentage for 20	16 (line 10c, colum	in (f) divided by line	e 13, column (f))	_	17	.01 %
18	Investment income percentage from 2	<b>2015</b> Schedule A, F	Part III, line 17		Ļ	18	.01 %
198	33 1/3% support tests - 2016. If the	organization did no	ot check the box o	n line 14, and line	15 is more than 33	3 1/3%, and line 1	
t	more than 33 1/3%, check this box as 33 1/3% support tests - 2015. If the	•	-	-	•		<b>▶</b> X
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The organ	nization qualifies a	s a publicly suppo	rted organization	ightharpoons
20	O Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions						

#### 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)

#### Section 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 class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 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) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 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)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

		Vac	No
		162	NO
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of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

## QUINN ELEMENTARY SCHOOL PARENT

Schedule A (Form 990 or 990-EZ) 2016 GROUP, INC.			<u>/4-3193669 Page 6</u>
Part V   Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organ	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on I	Nov 20, 1970 (explain in	Part VI) See instructions. A
other Type III non-functionally integrated supporting organizations must of	omplete Se	ctions 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	1	
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) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year)	Ì		
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)			
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		1
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	_5		
6 Multiply line 5 by 035	6	<u> </u>	
7 Recoveries of prior-year distributions	7	_	
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
Adjusted net income for prior year (from Section A, line 8, Column A)	1	;	
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functional	lly integrate	d Type III supporting org	ganization (see

Schedule A (Form 990 or 990-EZ) 2016

instructions)

OUINN ELEMENTARY SCHOOL PARENT Schedule A (Form 990 or 990-EZ) 2016 GROUP, 74-3193669 Page 7 INC. Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI) See instructions 6 Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions Distributable amount for 2016 from Section C, line 6 Line 8 amount divided by Line 9 amount (i) (ii) (iii) **Underdistributions** Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2016 Amount for 2016 Distributable amount for 2016 from Section C, line 6 Underdistributions, if any, for years prior to 2016 (reasonable cause required explain in Part VI) See instructions Excess distributions carryover, if any, to 2016 3 а b c From 2013 d From 2014 e From 2015 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2016 distributable amount Carryover from 2011 not applied (see instructions) Remainder Subtract lines 3g, 3h, and 3i from 3f Distributions for 2016 from Section D. line 7 a Applied to underdistributions of prior years b Applied to 2016 distributable amount c Remainder Subtract lines 4a and 4b from 4 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 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 For result greater than zero, explain in Part VI See instructions Excess distributions carryover to 2017. Add lines 3) and 4c Breakdown of line 7

Schedule A (Form 990 or 990-EZ) 2016

b Excess from 2013c Excess from 2014d Excess from 2015e Excess from 2016

## QUINN ELEMENTARY SCHOOL PARENT

Schedule A	(Form 990 or 990-EZ) 2016 GROUP , INC.	74-3193669 Page 8
Part VI	<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10, Part II, line 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 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any a (See instructions)	17a or 17b, Part III, line 12, lines 1 and 2, Part IV, Section C, Part V, Section B, line 1e, Part V,
	•	
_		
	<del> </del>	

#### **SCHEDULE 0** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

OMB No 1545-0047

Name of the organization

QUINN ELEMENTARY SCHOOL PARENT GROUP, INC.

Employer identification number 74-319<u>3669</u>

FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:	
DESCRIPTION OF PROPERTY:	AMOUNT:
INTEREST INCOME	3.
FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:	
DESCRIPTION OF OTHER REVENUE:	AMOUNT:
FAMILY FUN NIGHTS	1,137.
VENDOR HOLIDAY FAIR	10,406.
YANKEE CANDLE SALE	8,500.
SOUP AND COKKIE SALES	7,706.
CHOCOLATE SALES	7,330.
PIE SALES	3,085.
MISCELLANOUS	4,481.
TOTAL TO FORM 990-EZ, LINE 8	42,645.
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:	
DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
PIE SALE EXPENSES	2,016.
CHOCOLATE SALE	3,873.
SOUP AND COOKIE SALE COSTS	5,462.
HOLIDAY FAIR	7,355.
CANDLE SALE EXPENSES	5,268.
SCHOOL SPIRIT EXPENSES	4,954.
CULTURAL PROGRAM SPONSORING	1,810.
FIELD DAY	1,062.
FIELD TRIPS  LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule	7,215. e O (Form 990 or 990-EZ) (2016)

### SCHEDUL'E 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.

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.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

QUINN ELEMENTARY SCHOOL PARENT GROUP, INC.

Employer identification number 74-3193669

GROUP, INC:		3193003
SUMMER READING PROGRAMS		1,264.
5TH GRADE ACTIVITIES		1,266.
STAFF APPRECIATION		716.
SUPPLIES		694.
BANK FEES		270.
CLASSROOM ENRICHMENT		842.
MISCELLANOUS EXPENSES		620.
COMMUNITY DONATIONS		550.
STUDENT AWARDS		450.
TOTAL TO FORM 990-EZ, LINE 16		45,687.
FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIE	ES:	
DESCRIPTION	BEG. OF YEAR	END OF YEAR
AMOUNT DUE TO SCHOOL LIBRARY	426.	517.
FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE -	THE ORGANIZATIO	ON'S PURPOSE
IS TO FOSTER COMMUNITY INTEREST IN THE ACADEMIC	ENVIRONMENT OF	THE
GAMES QUINN ELEMENTARY SCHOOL.		
FORM 990-EZ, PART V, INFORMATION REGARDING PERS	ONAL BENEFIT COL	NTRACTS:
THE ORGANIZATION DID NOT, DURING THE YEAR, RECE	IVE ANY FUNDS, I	DIRECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BE	NEFIT CONTRACT.	
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY	ANY PREMIUMS, I	DIRECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.		