

Internal Revenue Service

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)

2017

OMB No. 1545-1150

Open to Public Inspection

► Go to www.irs.gov/Form990EZ for instructions and the latest information.

A For the 2017 calendar year, or tax year beginning 2017, and ending . 20 June 30 C Name of organization 21 D Employer Identification number ? B Check if applicable PTA Texas Congress DBA Nancy Neal Elementary PTA 900730787 Address change Room/suite Number and street (or P O box, if mail is not delivered to street address) E Telephone number Name change Initial return 280 Nelson Wyatt Rd 817-299-1270 Final return/terminated City or town, state or province, country, and ZIP or foreign postal code F Group Exemption Amended return Mansfield, TX 76063 Number ► 21 Application pending ☐ Accrual Other (specify) ▶ G Accounting Method: ☐ Cash H Check ▶ ☑ If the organization is not l Website:▶ required to attach Schedule B (Form 990, 990-EZ, or 990-PF) J Tax-exempt status (check only one) - 🗹 501(c)(3) 🔲 501(c) (◄ (insert no.) ☐ 4947(a)(1) or ☐ 527 ☐ Trust ✓ Association Other L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I Contributions, gifts, grants, and similar amounts-received 1,921 Program service revenue including government fees and contracts 2 2 0 3 3 989 4 - JUL 2 4 2018 4 0 Less: cost or other basis and sales expenses. Gain or (loss) from sale of assets other than inventory Salamas lines Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than Revenue 6a Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . 6b 20.843 Less: direct expenses from gaming and fundraising events . . . Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract 6d 13,951 Gross sales of inventory, less returns and allowances . . h Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 10,069 7с 8 8 9 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 26,930 10 800 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 11 0 0 12 Salaries, other compensation, and employee benefits 22 12 13 Professional fees and other payments to independent contractors 22. 13 0 0 14 0 15 15 16 16 28,055 17 17 28,855 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 1,925 5 Net Assets Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 19 22,289 20 Other changes in net assets or fund balances (explain in Schedule O) 20 Net assets or fund balances at end of year. Combine lines 18 through 20 21 20.364 Form **990-EZ** (2017) Paperwork Reduction Act Notice, see the separate instructions. Cat No. 10642I

45

_	Balance Sheets (see the instructions to	0, , 0, , ,				
	Check if the organization used Schedule	O to respond to a			~	<u> D</u>
_				(A) Beginning of year	+	(B) End of year
2	Cash, savings, and investments			22,289	+	20,364
3	Land and buildings			(1==1	0
1	Other assets (describe in Schedule O)		· · · · · <u> </u>	(1	0
5	Total assets			22,289	+	20,364
3 -	(2.22.1.2.2.1.2.2.1.2.2.1.2.2.1.2.2.1.2.2.1.2.2.1.2		· · · · · · · · -		26	0
7	Net assets or fund balances (line 27 of column			22,289	27]	20,364
art	Statement of Program Service Accomp	•		,	1	Expenses
	Check if the organization used Schedule is the organization's primary exempt purpose?	Child Advocacy	ny question in this r	Part III 🗹	 (Req	uired for section
	• • • • • • • • • • • • • • • • • • • •					c)(3) and 501(c)(4)
rso	ribe the organization's program service accomplise easured by expenses. In a clear and concise mons benefited, and other relevant information for each	anner, describe the children c	e services provided,	, the number of	orga	nizations; optional for
8 .	Provided 22 IPad Minis with absolute. Included cases ar	nd 3 year Apple Care	Plus, for school wide us	e.		
71	(Grants \$) If this amount	includes foreign gra	ants, check here .	• 🗇	28a	11,441
— .	To promote the welfare of children by providing recess ed			_ 		
	the music department. Including classroom supplies, ed	.,				
•	science lab technology.					
•	(Grants \$) If this amount	includes foreign gra	ants, check here .	▶ 🛚	29a	7,428
ָ ס	To develop united efforts between educators and parents			pitality at all	1	
	PTA meetings, covering training cost, arts in education, s	school dance and num	erous school wide prog	rams.		
	(Grants \$) If this amount	includes foreign gra	ants, check here .	▶ □	30a	3,797
	Other program services (describe in Schedule O)			· · · · - <u></u>	1002	0,107
			ants, check here	▶ □	31a	Į.
	Total program service expenses (add lines 28a t				32	22,666
_	IV List of Officers, Directors, Trustees, and Key					
	Check if the organization used Schedule		-			
_	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable ?:	(d) Health benefits, contributions to employ	() 6	Estimated amount of ther compensation
			(i not paid, enter -c-)	deletted demperiality	-	
			ļ		4	
					1	
		 	 	 	+	
		i		i		
					-	

AC

rart	¥.	instructions for Part V.) Check if the organization used Schedule O to respond to any question in thi			_
		instructions for Part V., Oneck if the organization used Schedule O to respond to any question in thi	s ran	Yes	No
33		the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a liled description of each activity in Schedule O	33	163	- NO
34	copy	e any significant changes made to the organizing or governing documents? If "Yes," attach a conformed y of the amended documents if they reflect a change to the organization's name. Otherwise, explain the nge on Schedule O (see instructions)	34		~
35a		the organization have unrelated business gross income of \$1,000 or more during the year from business vities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		~
c	Was	es" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, orting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35b 35c		V
36		the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets ng the year? If "Yes," complete applicable parts of Schedule N	36		·
37a b 38a	Did t	the organization file Form 1120-POL for this year?	37b 38a	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	\(\frac{1}{2}\)
b 39 a b	Sect Initia	res," complete Schedule L, Part II and enter the total amount involved	a a a a a a a a a a a a a a a a a a a		,
40a	secti	tion 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: ion 4911 ► ; section 4912 ► ; section 4955 ►			- 4
b	exce	tion 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 ess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	تسسست	
C	on o	tion 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed organization managers or disqualified persons during the year under sections 4912, 5, and 4958			2
d		tion 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line reimbursed by the organization	, 2	;	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
е		organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter saction? If "Yes," complete Form 8886-T	40e	· · · ·	· · ·
41		the states with which a copy of this return is filed ► Texas			
42a	The	organization's books are in care of ▶ Nancy Neal PTA Telephone no. ▶	817-29	3-127 0	-
b	At ar	ated at ► 280 Nelson Wyatt Rd, Mansfield, TX ZIP + 4 ► ny time during the calendar year, did the organization have an interest in or a signature or other authority over	760	63 Yes	No
		ancial account in a foreign country (such as a bank account, securities account, or other financial account)? es," enter the name of the foreign country:	42b	, ,	<u> </u>
		the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and notal Accounts (FBAR).	3 63	4. V	
C	If "Y	ny time during the calendar year, did the organization maintain an office outside the United States? . es," enter the name of the foreign country:	42c		V
43		tion 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here enter the amount of tax-exempt interest received or accrued during the tax year	· ·	Yes	No
44a		the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be ipleted instead of Form 990-EZ	44a		7
b	com	the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be pleted instead of Form 990-EZ	44b		· ·
d	If "Y	the organization receive any payments for indoor tanning services during the year?	44c 44d	7 W 1	7
45a b	Did t mea	the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	·	V

990-EZ ((2017)				7			'age
		n				(F)	Yes	N
	the organization engage, directly or in andidates for public office? If "Yes," c						17,	-
			, raiti			46		
VI	Section 501(c)(3) organizations All section 501(c)(3) organizations 50 and 51. Check if the organization used Sch	s must answer que			mplete the	tables f	or line	es
	Check if the organization asca con	icadic o to respond	s to any question in	triid r dit vi			Yes	N
	the organization engage in lobbying r? If "Yes," complete Schedule C, Part		section 501(h) electi			ax 47	103	-17
ls th	ne organization a school as described in	section 170(b)(1)(A)(i	ii)? If "Yes," complete	Schedule E		48		
Did	the organization make any transfers to	o an exempt non-cha	aritable related organ	ization?		49a		
	Yes," was the related organization a se					49b		
	nplete this table for the organization's							
emp	ployees) who each received more than	\$100,000 of compe	nsation from the orga			enter "N	lone."	
(;	a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC	(d) Health contributions to benefit plans, compen	to employee (and deferred	e) Estimate other con		
				† · · · · · ·				
			 	+				
				- 				_
			 					
								
Cor	al number of other employees paid oven	s five highest comp	ensated independen	t contractors	who each	received	more	th
Cor \$10	• •	s five highest comp nization. If there is no	ensated independen			received Compensati		th
Cor \$10	mplete this table for the organization 10,000 of compensation from the orga	s five highest comp nization. If there is no	ensated independen one, enter "None."					th
Cor \$10	mplete this table for the organization 10,000 of compensation from the orga	s five highest comp nization. If there is no	ensated independen one, enter "None."					th
Cor \$10	mplete this table for the organization 10,000 of compensation from the orga	s five highest comp nization. If there is no	ensated independen one, enter "None."					th
Cor \$10	mplete this table for the organization 10,000 of compensation from the orga	s five highest comp nization. If there is no	ensated independen one, enter "None."					th
Cor \$10	mplete this table for the organization 10,000 of compensation from the orga	s five highest comp nization. If there is no	ensated independen one, enter "None."					th
Cor \$10	mplete this table for the organization 10,000 of compensation from the orga	s five highest comp nization. If there is no	ensated independen one, enter "None."					th
Cor \$10	mplete this table for the organization 10,000 of compensation from the orga (a) Name and business address of each independ	s five highest comp nization. If there is no lent contractor	ensated independen one, enter "None." (b) Type of se					tr
Cor \$10 (a	mplete this table for the organization 10,000 of compensation from the orga	s five highest comp nization. If there is no lent contractor	ensated independen one, enter "None." (b) Type of se	rvice	(c) C	Compensati	on	
Cor \$10 (a	al number of other independent contratthe organization of compensation from the organization from the organization from the organization of each independent contratthe organization complete Schedunpleted Schedule A	s five highest comp nization. If there is no lent contractor actors each receiving lie A? Note: All se	ensated independent one, enter "None." (b) Type of se of section 501(c)(3) orgover \$100,000 orgovers organized in the control of the control	. ▶anizations m	Ust attach	a ► ✓ Yes	on	No
Cor \$10 (a)	al number of other independent contral the organization completed Schedule A	s five highest comp nization. If there is no lent contractor actors each receiving lie A? Note: All se	ensated independent one, enter "None." (b) Type of se of section 501(c)(3) orgover \$100,000 orgovers organized in the control of the control	. ▶anizations m	Ust attach	a ► ✓ Yes	on	
Gor \$10 (a) Did corr penaltic	al number of other independent contra the organization completed Schedule A	s five highest comp nization. If there is no lent contractor actors each receiving lie A? Note: All se	ensated independent one, enter "None." (b) Type of se of section 501(c)(3) orgover \$100,000 orgovers organized in the control of the control	. ►anizations m	ust attach	a ► ✓ Yes	on	
Gor \$10 (a Did com	al number of other independent contra the organization completed Schedule A	s five highest comp nization. If there is no lent contractor actors each receiving lie A? Note: All se	ensated independent one, enter "None." (b) Type of se of section 501(c)(3) orgover \$100,000 orgovers organized in the control of the control	. ▶ anizations m	ust attach	a ► ✓ Yes	on	
Cor \$10 (a Did corr penaltic correct, a	al number of other independent contra the organization complete Schedunpleted Schedule A	s five highest comp nization. If there is no lent contractor actors each receiving lie A? Note: All se	ensated independent one, enter "None." (b) Type of se of the second of	. ▶ anizations m	ust attach best of my knowinge.	a ►☑ Yes wiedge and	on	40
Corr \$10 (a) Tota Did corr r penaltic correct, a	al number of other independent contra the organization complete Schedunpleted Schedule A	s five highest comp nization. If there is no lent contractor actors each receiving lie A? Note: All se	ensated independent one, enter "None." (b) Type of se of the second of	anizations m	ust attach	a ►☑ Yes wledge and	on	4o
d Tota Did com r penaltic	al number of other independent contra the organization complete Schedunpleted Schedule A es of perjury, I declare that I have examined this rand complete Declaration of preparer (other than Signature of officer Bridget Jones PTA Treasurer Type or print name and title Print/Type preparer's name	s five highest comp nization. If there is no lent contractor actors each receiving lie A? Note: All se	ensated independent one, enter "None." (b) Type of se of the second of	anizations m	ust attach best of my knowledge.	a ►☑ Yes wledge and	on	No

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

► Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

land	ncy Neal Elementary PTA 90-0730787							
Pa	art I Reason for Public Charity Status (All organizations must complete this part.) See instructions.							
he 1 2 3	organization is not a private founda A church, convention of church A school described in section A hospital or a cooperative hos A medical research organization	hes, or association 170(b)(1)(A)(ii). (spital service orgonomorated in co	on of churches descri Attach Schedule E (Flanization described in	bed in se orm 990 on section	ection 179 or 990-E2 170(b)(1	0(b)(1)(A)(i). ²).))(A)(iii).	(iii). Enter the	
5	hospital's name, city, and state An organization operated for section 170(b)(1)(A)(iv). (Com	the benefit of a	college or university	owned o	r operate	d by a government	al unit described in	
6 7	☐ A federal, state, or local govern ☐ An organization that normally described in section 170(b)(1)	receives a subst	tantial part of its supp				n the general public	
8	☐ A community trust described in	n section 170(b)	(1)(A)(vi). (Complete i	Part II.)				
9	An agricultural research organi or university or a non-land-gra university:	nt college of agri	iculture (see instruction	ons). Ente	r the nam	ne, city, and state of	the college or	
10	An organization that normally in receipts from activities related support from gross investment acquired by the organization a	to its exempt fui t income and uni	nctions—subject to co related business taxal	ertain exc ble incom	eptions, e (less se	and (2) no more that ection 511 tax) from	n 33¹/₃% of its	
11	An organization organized and	operated exclus	sively to test for public	c safety.	See sec ti	on 509(a)(4).		
12	An organization organized and							
	of one or more publicly support Check the box in lines 12a thro							
a	Type I. A supporting organ the supported organization supporting organization. You	n(s) the power to	regularly appoint or e	lect a ma	jority of t			
t	Type II. A supporting organization(s). You must	the supporting o	rganization vested in	the same				
C	Type III functionally integ its supported organization						ally integrated with,	
c	Type III non-functionally integrated that is not functionally integrated requirement (see instructionally integrated in the control of the	grated. The orga	nization generally mu	st satisfy	a distribu	ition requirement an		
e	Check this box if the organ functionally integrated, or						ell, Type III	
f	Enter the number of supported	= =						
ç								
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	rganization ir governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
				Yes	No			
A)								
B)								
C)								
 D)								
E)								

otal

Schedul	e A (Form 990 or 990-EZ) 2017						Page 2
Part	(Complete only if you checked the	ne box on line	e 5, 7, or 8 of	Part I or if the	e organizatio	n failed to qu	i)
Sacti	Part III. If the organization fails to on A. Public Support	quality unde	er the tests iis	ted below, p	lease comple	ete Part III.)	
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(a) 2010	(6) 2014	(9) 2010	(4) 2010	(6) 2017	(i) i diai
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	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	Sea National Service Co	A 3 d 3 (m 7 dd 7	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 10 1 10 10 10 10 10 10 10 10 10 10 10	
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)	and the state of t					
6	Public support. Subtract line 5 from line 4		The state of the s		W. Carried Britania		
Secti	on B. Total Support	<u> </u>			LUMB I	4	
Calen	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10	1 2 3 , 1, 17, 94	Park Service				
12	Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for the						
	organization, check this box and stop he			• • • • •	• • • • •		· · •
	on C. Computation of Public Suppo Public support percentage for 2017 (line			1 001,000 (6)		14	
14 15	Public support percentage for 2017 (inter-					15	
16a	331/3% support test—2017. If the organ box and stop here. The organization qua	ization did not	t check the box	c on line 13, a	nd line 14 is 3	31/3% or more,	check this
þ	331/3% support test—2016. If the organ this box and stop here. The organization						
17a	10%-facts-and-circumstances test—2 10% or more, and if the organization m Part VI how the organization meets the organization	eets the "facts "facts-and-circ	s-and-circumst	ances" test, clest. The organ	heck this box a ization qualifie	and stop here , s as a publicly	. Explain in supported
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organize Explain in Part VI how the organization is supported organization.	ation meets the meets the	ne "facts-and-octs-and-octs-and-circum	circumstances stances" test.	" test, check The organizat	this box and sion qualifies as	stop here. a publicly
18	Private foundation. If the organization d instructions	id not check a	box on line 13	, 16a, 16b, 17a	a, or 17b, chec	k this box and	see

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 qualify under the tests listed below, please complete Part II.)

a ati	on A. Public Support			- '.L'			
		(-) 0010	(h) 0014	(c) 0015	(4) 2016	(0) 0017	
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	670.75	4 004 00	5.045.00	4 440 04	0.050.05	45
2	Gross receipts from admissions, merchandise	679.75	4,981.08	5,245.30	4,416.81	3,659.65	18,982.59
_	sold or services performed, or facilities					I	
	furnished in any activity that is related to the						
_	organization's tax-exempt purpose	53,057.06	66,715.67	43,526.30	51,594.04	51,869.74	266,762,81
3	Gross receipts from activities that are not an					I	
	unrelated trade or business under section 513	0	0	0	0	0	0
4	Tax revenues levied for the						
	organization's benefit and either paid to				i	· ·	
	or expended on its behalf	0	0	0	0	0	0
5	The value of services or facilities		[1		\	
	furnished by a governmental unit to the						
	organization without charge	0	0	0	0	0	0
6	Total. Add lines 1 through 5	53,736.81	71,696.75	48,771.60	56,010.85	55,529.39	285,745.40
7a	Amounts included on lines 1, 2, and 3				įį		
	received from disqualified persons .	0	0	0	0	0	0
b	Amounts included on lines 2 and 3]		Ì	
	received from other than disqualified						
	persons that exceed the greater of \$5,000					ا۔	_
	or 1% of the amount on line 13 for the year	0	0	0	0	0	0
_	Add lines 7a and 7b	0	U Carallin Cara	U BEC 21 Late Parking	U MARKATA TAN AMAR	U COST SEAST-SEAST	0
8	line 6.)						205 745 40
- ti	on B. Total Support	ART 100 100 100 100 100 100 100 100 100 10	49479C BEEFF 40 165C	Transmit Berger	NEW OFF THE STATE OF THE STATE	h/编译》中第77.75%	285,745.40
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	53,736.81	71,696.75	48,771.60	56,010.85	55,529.39	285,745.40
l0a	Gross income from interest, dividends,	33,733.57	11,000.10	10,77 1.00	50,010.00	00,020.00	200,140.40
	payments received on securities loans, rents,]		
	royalties, and income from similar sources .	o	o	0	o	0	0
ь	Unrelated business taxable income (less						
_	section 511 taxes) from businesses					İ	
	acquired after June 30, 1975	i o	o	o	o	o	0
C	Add lines 10a and 10b	53,736.81	71,696.75	48,771.60	56,010.85	55,529.39	285,745,40
1	Net income from unrelated business						
	activities not included in line 10b, whether					1	
	or not the business is regularly carried on	0	0	0	0	0	0
2	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)	0	0	0	0	0	0
13	Total support. (Add lines 9, 10c, 11,					}	
	and 12.)	53,736.81	71,696.75	48,791.60	56,010.85	55,529.39	285,745.40
14	First five years. If the Form 990 is for the	-			-		
	organization, check this box and stop he			<u> </u>	· · · · ·		· · • []
	on C. Computation of Public Suppo			O == l (6)		TasT	
15	Public support percentage for 2017 (line					15	<u>%</u>
16 Acti	Public support percentage from 2016 Sc on D. Computation of Investment In					16	<u>%</u>
ecu 17	Investment income percentage for 2017			v line 12 colum	mp (f))	17	0/
8	Investment income percentage for 2017 Investment income percentage from 201	•		•			<u>%</u> %
9a	331/3% support tests—2017. If the organ						
Ja	17 is not more than 331/3%, check this box						
b	331/3% support tests—2016. If the organic	-	_	· ·		_	
J	line 18 is not more than 331/3%, check this				•		-
20	Private foundation. If the organization d				, -	•	

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 Orga	nizations
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ecti	on A. All Supporting Organizations		<i></i>	
			Yes	No
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.	-, '	ر تــــــــــــــــــــــــــــــــــــ	
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).	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a	, ge e	100
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.	3b	*****	2 3
С	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.	3c	1.8.	25.5
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	-5-3	1.
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.	4b	, P1	
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.	46	24 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	" " " " " " " " " " " " " " " " " " "
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).	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		,
с 6	Substitutions only. Was the substitution the result of an event beyond the organization's control? 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.	5c	19	le
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	3	"e" # v (
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	<u></u>	
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 .	9a		21. (35)
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.	9b	****	,
С	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 .	9c	.`.	, , , , ,
0a	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	176- ·	i.,
þ	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	3 (ex mar.	, ,	150

determine whether the organization had excess business holdings.)

				aye C
Part	Supporting Organizations (continued)			r
4.4	Healtha annualization annual a city an acutuita tian fuene annu of the fallaction a surror	<u> </u>	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)		450	
а	below, the governing body of a supported organization?	11a	- 4 722	
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	1		
	- Jpc		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	(S. S. S.)	4 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the		ر د د معالفہ	
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or		175 (5 m 1870)	
	controlled the organization's activities. If the organization had more than one supported organization,	1, W. , Ca	A4 V	1. 34
	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.	<u>,4 5</u>	* , * , *	
		1		
2	Did the organization operate for the benefit of any supported organization other than the supported		7	2 (3)
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	4	4.	
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	1		لتنتع
_ = 1:		2		L
ecu	on C. Type II Supporting Organizations		V	- N
4	Mare a majority of the expenization's directors or trustees during the tay year also a majority of the directors	\$ 7 mg	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 Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	10 mg	2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	
	the supported organization(s).	4		
Secti	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			71
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	A 17 . 15	1, 0, u	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	2 40 2		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	5.3		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ننذ	
_	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	3 3 9 4		\
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		13 July 19	* 4
	supported organizations played in this regard.	3	Ben't o	أحدا
Secti	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 i	nstruc	cuons	S).
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. ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (
C	The organization supported a governmental entity. Describe in Part VI now you supported a government entity (see ins	str uc ti	ons).
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	75 A		100
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		4	111 947
	those supported organizations and explain how these activities directly furthered their exempt purposes,	4 3 4 4 A		, m, m
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	100		
	·	2a	, 	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			1
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these		5 7	
	activities but for the organization's involvement.	CL	-	لتنت
9		2b	¶r, 54	, ,
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		ئـــــــــــــــــــــــــــــــــــــ
ь	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	34	77	
U	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		أحت

chedule A	(Form	990 or	990-EZ	2017
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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	izations	
1			
instructions. All other Type III non-functionally integrated supporting organ	izat	ions must complete Sectio	ns 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) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see	4,4	martin from a final of the state of the stat	In the surround
instructions for short tax year or assets held for part of year):	10		
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):	Ta y		
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	was the said of the said of the	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	By the second of	
4 Enter greater of line 2 or line 3.	4	14 (12)	
5 Income tax imposed in prior year	5	Artiful Color Color	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to		in bure in the state	
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionall	y in	tegrated Type III supporting	organization (see
instructions)	-		,

art	Type III Non-Functionally Integrated 509(a)(3	s) Supporting Organ	zations (continued)	
ect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish			
2	Amounts paid to perform activity that directly furthers exe			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	h the organization is res	sponsive	
	(provide details in Part VI). See instructions.	· · · · · · · · · · · · · · · · · · ·		
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount	,		
S	ection E - Distribution Allocations (see instructions)	(i)	(ii) Underdistributions	(iii) Distributable
_		Excess Distributions	Pre-2017	Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
<u>. </u>	Underdistributions, if any, for years prior to 2017	Control of the contro	the rest state and the state of	77 77 18 18 18 18 18
2	(reasonable cause required—explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2017		Phi (China)	A Strain Strain
а				A
Ь	From 2013	and the second second	a man of the contract of the c	1 - 12 () + 13 2 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
C	From 2014		The state of the s	
d	From 2015	Market Market Comment of the Comment	The state of the s	in a lawy and
е	From 2016		こうかかないまんか	1 7 4 2 1/2
f	Total of lines 3a through e		man the state of t	
g	Applied to underdistributions of prior years	Harry Control of the		and the state of t
h	Applied to 2017 distributable amount	Marine Marine		
i	Carryover from 2012 not applied (see instructions)	·····································	The state of the s	The state of the s
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.		A CALL MANAGEMENT	
4	Distributions for 2017 from			
	Section D, line 7:		Lading allowed to hear first	
а				
b	Applied to 2017 distributable amount		A Se and was a second	· · · · · · · · · · · · · · · · · · ·
C	Remainder. Subtract lines 4a and 4b from 4.		street, is the welfare	W
5	Remaining underdistributions for years prior to 2017, if	The state of the s		
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	The state of the s
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
_	Part VI. See instructions.	Benefit A The State Bash W	18 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u> </u>
7	Excess distributions carryover to 2018. Add lines 3j and 4c.			
В	Breakdown of line 7:			
а	Excess from 2013	7 /0 BP 1 0 0F	Maria State and	The state of the s
b	Excess from 2014	AND THE STATE OF T	White the state of	and the same of the same
C	Excess from 2015			
d	Excess from 2016	a section	The state of the s	A CONTRACTOR OF THE CONTRACTOR
e	Excess from 2017	* * * * * * * * * * * * * * * * * * * *	376.20 Tach	118 45 45 45 18

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.

► Attach to Form 990 or 990-EZ.
► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury internal Revenue Service

Nancy Neal Elementary PTA

Employer identification number 90-0730787

Part 1 Line 10
250.00 Donation to MISD Education Foundation
550.00 Donation to Frontier HS Prom and Legacy HS After Prom
For a Total of \$800.00
Part 1 Line 16
199,00 PTAvenue
311,441.20 IPads (22 minis)
519.03 Hallway Behavior Awards
1,392.80 End of Year 4th Grade Party (Urban Air, Pizza & Cake)
2,156.67 End of Year Teacher Request for Classroom Supplies (Book Bags, Magnet Wands, Hand Magnifiers, Phonice etc)
3.33 PayPal Fees
107,86 Square Credit Card Fees
1,203.66 Science Lab Technology and Osmos for Library
2241,50 Recorders for Music Department
139,28 Administrative
68.00 Arts in Education (Ribbons & Certificates)
1,126.65 Computer, Art, Music and P.E. Supplies (Recess Equipment, Art Brushes, Xylophone & Stand & Ink Cartndges0
350.81 Communications
75.00 Council Dues
580,46 Equipment
213.99 Hospitality
450.00 Insurance
2,294.00 School Programs (Antı Bullyıng, Day of Drumming & Freestyle Stunt Team)
600.00 School Spirit Sticks
1,986.33 Teacher Appreciation
or Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat. No. 51056K Schedule O (Form 990 or 990-EZ) (2017)

Schedule O (Form 990 or 990-EZ) (2017)	Page 2
lame of the organization	Employer identification number
Nancy Neal Elementary PTA	90-0730787
\$384.00 Training	
\$211.91 Treasurer	
\$209.76 Room Buddies	
\$119.13 Watch Dogs (Dads of Great Students)	
\$210.06 Intervention (Games, Sand Craft, Play Doh, Flash Cards, Paper & Laminating Pages)	
\$223.96 SPED (4 Gaiam Kids Balance Ball Chairs)	
\$92.26 Pre-K (Puppets & Stamp Pads)	
\$238.29 PPCD (Paint, Cookware, Puzzle Pay Mat, & Magnetic Road Maze)	
\$241.42 Kindergarten (Bingo, Magnets, Add/Sub Learning Centers, Measurement Learning Centers & Creat	tive Writing)
\$248.08 1st Grade (Paper, Dry Erase Lapboards, Sand Timers & Cardstock)	
\$257.51 2nd Grade (Math Game, Pop to Win, Math Activity Kit, Addition Puzzles & Context Clues)	
\$249.54 3rd Grade (Fraction Cards, Conversation Kits & Comprehension Games)	
\$222.13 4th Grade (Outdoor Playground Equipment - jump ropes, soccer balls, basketballs, flag football sets	s etc)
For a Total of \$28,054.62	

Schedule O (Form 990 or 990-EZ) (2017)