2949224310303 OMB No 1545-1150

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)

2018

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public - Inspection

A	\ Fo	or the	2018 calend	ar year, or tax year beginning , 2	2018, and ending	_		, 20
Ē	3 Ch	eck if a	pplicable	C Name of organization		D Emp	loyer ide	entification number
	Ad	ddress	change	PTA FLORIDA CONGRESS - PATHWAYS ELEMENT	ARY PTA	59-	-3469	116
] Na	ame ch	ange ⁻	Number and street (or P O box, if mail is not delivered to street address)	Room/suite	E Tele	phone nu	ımber
Ļ	=	ıtıal retu		2100 AIRPORT ROAD		(38	36)25	8-4671
F	_		rn/terminated	City or town, state or province, country, and ZIP or foreign postal code	27	F Gro	up Exer	notion
<u> </u>	=	mended polication	n return on pending	ORMOND BEACH, FL 32174	13		•	2149
G			ting Method	X Cash ☐ Accrual Other (specify) ►				the organization is not
		ebsite	•	(1 //	 ''			ich Schedule B
			11/11	eck only one) — 区 501(c)(3) ☐ 501(c) () ◀ (insert no) ☐ 4947(a	a)(1) or 527			-EZ, or 990-PF).
				☐ Corporation ☐ Trust ☐ Association ☐ Ot				
				7b to line 9 to determine gross receipts. If gross receipts are \$200,00		lassets		
				\$500,000 or more, file Form 990 instead of Form 990-EZ.			▶ ¢	46,600.
		rtl		e, Expenses, and Changes in Net Assets or Fund Ba	lances (see the	instru	ctions	
				the organization used Schedule O to respond to any ques				
-	Т	1		ons, gifts, grants, and similar amounts received		· ·	11	
		2		ervice revenue including government fees and contracts .		• •	2	
		3	-	up dues and assessments		• •	3	158.
		4	Investment	•		•	4	4.
	-	ъ 5а		bunt from sale of assets other than inventory	5a		-	
		b		or other basis and sales expenses	5b		1 : 1	
		C		ss) from sale of assets other than inventory (Subtract line 5b fr			5c	
<u>6</u>		6	Gaming an	30				
2019		a	_					
	e l	a		ome from gaming (attach Schedule G if greater than	6a			
2 0	<u> </u>	b	•	L	0. of contribution			
	֝֞֝֝֞֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	D		aising events reported on line 1) (attach Schedule G if the	O. Of Contribution	13		
777	١,			th gross income and contributions exceeds \$15,000)	6b 46	,438.		
		С		t expenses from gaming and fundraising events		894.	, ''-	
		d		e or (loss) from gaming and fundraising events (add lines 6			= "	
SCANNED	-	•	line 6c) .	· · · · · · · · · · · · · · · · · · ·			6d	31,544.
4		7a		s of inventory, less returns and allowances	7a		- 00	J1, J44.
${\mathfrak Q}$		b		of goods sold	7b		1 · 1	
တ		c		it or (loss) from sales of inventory (Subtract line 7b from line 7a		<u> </u>	7c	
		8		nue (describe in Schedule O)	", ', ', ', ', ', ', ', ', ', ', ', ', ',	7	8	-
		9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	-ENEDY	<i>3</i> / ↓	9	31,706.
-	1	10		similar amounts paid (list in Schedule O)	CEIVED 2019	/0/	10	31,700.
		11		aid to or for members	NG 5 6 5019	/ŵ/	11	
U	- 1	12	•	her compensation, and employee benefits \.	11G 2 6 2	10-1	12	
9	֓֞֜֜֜֜֜֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֡֜֜֜֓֓֓֓֓֡֜֜֓֓֡֓֡֓֓֡֓	13	Professiona	ther compensation, and employee benefits	11	£	13	
T Y D O D O D O D O D O D D O D D D D D D	, i	14	Occupancy	rent, utilities, and maintenance	OGDEN, U		14	
Š	֡֓֞֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	15		iblications, postage, and shipping	COUL	• •	15	
_	ີ ໍ	16	• ,	nses (describe in Schedule O)	Line 16. St	mt	16	62,457.
	- 1	17		nses. Add lines 10 through 16			17	62,457.
_		<u>''</u> 18	Excess or /				18	-30,751.
4	3 1	19		or fund balances at beginning of year (from line 27, column		· · ·		30,731.
Ü	3 .				· · · · · ·		19	77,626.
Net Assets	٠ ا	20	-	ges in net assets or fund balances (explain in Schedule O) .			20	777020.
Ž	: 5	21		or fund balances at end of year. Combine lines 18 through 20			21	46,875.
		- 1	1451 033513	or rand balances at end or year. Combine lines to through 20	<u> </u>	<u> </u>	41	40,073.

	Balance Sheets (see the instruction					
	Check if the organization used Schedi	ule O to respond to a	ny question in this	Part II		X
		•		(A) Beginning of year	((B) End of year
22	Cash, savings, and investments		[72,586.	22	41,379
23	Land and buildings				23	
24	Other assets (describe in Schedule O)			5,040.	24	5,496
25	Total assets				25	46,875
26	Total liabilities (describe in Schedule O) .		[26	
27	Net assets or fund balances (line 27 of colur	nn (B) must agree wit	h line 21)	77,626.	27	46,875
Par	Statement of Program Service Acco	mplishments (see th	ne instructions for F	Part III)		· · · · · · · · · · · · · · · · · · ·
	Check if the organization used Schedu	lle O to respond to a	ny question in this	Part III 🔲		Expenses
What	t is the organization's primary exempt purpose?	EDUCATIONAL A	SSISTANCE			red for section (3) and 501(c)(4)
as m	cribe the organization's program service accompleasured by expenses. In a clear and concise ons benefited, and other relevant information for	manner, describe th each program title.	e services provided	l, the number of		izations; optional fo
28	ASSIST PATHWAYS ELEMENTARY SCHOOL SUPPLIES FOR THE STUDENTS, FACUL	OL IN PROVIDING LTY, AND STAFF	EDUCATIONAL			
	(Grants \$ 0.) If this amou	nt includes foreign gra	ants, check here .	▶ □	28a	62,457.
29						
30	(Grants \$) If this amou	nt includes foreign gra	ants, check here .	▶ 🗆	29a	
31	(Grants \$) If this amou Other program services (describe in Schedule C	nt includes foreign gra	ants, check here .	• 🗆	30a	
		nt includes foreign gra	ints, check here .	· · · P 📙	31a	
32 Päri	Total program service expenses (add lines 28				32	62,457.
Len	• • • • • • • • • • • • • • • • • • • •		•			<u>*</u>
	Check if the organization used Schedu	ile O to respond to al				
		<u> </u>	,			
	(a) Name and title	(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 employe	e (e) E	
MAR	(a) Name and title Y BETH NICHOLS	hours per week	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employed benefit plans, and	e (e) E	stimated amount o
		hours per week	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employed benefit plans, and	e (e) E	Estimated amount o her compensation
PRES	Y BETH NICHOLS	hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employe benefit plans, and deferred compensation	e (e) E	Estimated amount o her compensation
PRES MART	Y BETH NICHOLS SIDENT	hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employe benefit plans, and deferred compensation	e (e) E	Estimated amount of her compensation
PRES MART 1ST JEAN	Y BETH NICHOLS SIDENT THA LIEBMAN VICE-PRESIDENT N RAWLINS	hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employe benefit plans, and deferred compensation	e (e) E	Estimated amount of her compensation
PRES MART 1ST JEAN	Y BETH NICHOLS SIDENT THA LIEBMAN VICE-PRESIDENT	hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employe benefit plans, and deferred compensation	e (e) E	Estimated amount of her compensation 0.
PRES MART 1ST JEAN 2ND	Y BETH NICHOLS SIDENT THA LIEBMAN VICE-PRESIDENT N RAWLINS	hours per week devoted to position 0.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employe benefit plans, and deferred compensation O.	e (e) E	Estimated amount of her compensation 0.
PRES MART 1ST JEAN 2ND SUZE	Y BETH NICHOLS SIDENT THA LIEBMAN VICE-PRESIDENT N RAWLINS VICE PRESIDENT	hours per week devoted to position 0.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employe benefit plans, and deferred compensation O.	e (e) E	Estimated amount of her compensation 0.
PRESMART 1ST JEAN 2ND SUZE TREF	Y BETH NICHOLS SIDENT THA LIEBMAN VICE-PRESIDENT N RAWLINS VICE PRESIDENT ETTE CALABRESE	hours per week devoted to position 0.00 0.00 0.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employe benefit plans, and deferred compensation 0.	e (e) E	Estimated amount of her compensation 0.
PRES MART 1ST JEAN 2ND SUZE TREA CATE	Y BETH NICHOLS SIDENT THA LIEBMAN VICE-PRESIDENT N RAWLINS VICE PRESIDENT ETTE CALABRESE ASURER	hours per week devoted to position 0.00 0.00 0.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employe benefit plans, and deferred compensation 0.	e (e) E	Estimated amount of her compensation 0. 0. 0.
PRES MART 1ST JEAN 2ND SUZE TREA CATE	Y BETH NICHOLS SIDENT FHA LIEBMAN VICE-PRESIDENT N RAWLINS VICE PRESIDENT ETTE CALABRESE ASURER HERINE WILE	0.00 0.00 0.00 0.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employe benefit plans, and deferred compensation 0. 0.	e (e) E	Estimated amount of her compensation 0. 0. 0.
PRES MART 1ST JEAN 2ND SUZE TREA CATH CORF	Y BETH NICHOLS SIDENT THA LIEBMAN VICE-PRESIDENT N RAWLINS VICE PRESIDENT ETTE CALABRESE ASURER HERINE WILE R SECRETARY	0.00 0.00 0.00 0.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employe benefit plans, and deferred compensation 0. 0.	e (e) E	Estimated amount of her compensation 0. 0. 0. 0.
PRES MART 1ST JEAN 2ND SUZE TREA CATE CORE TARA	Y BETH NICHOLS SIDENT THA LIEBMAN VICE-PRESIDENT N RAWLINS VICE PRESIDENT ETTE CALABRESE ASURER HERINE WILE R SECRETARY A FLOYD	0.00 0.00 0.00 0.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0. 0.	(d) Health benefits, contributions to employe benefit plans, and deferred compensation 0. 0. 0.	e (e) E	Estimated amount of her compensation 0. 0. 0. 0.
PRES MART 1ST JEAN 2ND SUZE TREA CATE CORE TARA REC	Y BETH NICHOLS SIDENT THA LIEBMAN VICE-PRESIDENT N RAWLINS VICE PRESIDENT ETTE CALABRESE ASURER HERINE WILE R SECRETARY A FLOYD	0.00 0.00 0.00 0.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0. 0.	(d) Health benefits, contributions to employe benefit plans, and deferred compensation 0. 0. 0. 0.	e (e) E	Estimated amount of her compensation 0. 0. 0. 0. 0.
PRES MART 1ST JEAN 2ND SUZE TREA CATH CORE TARA REC 0 HOSE	Y BETH NICHOLS SIDENT THA LIEBMAN VICE-PRESIDENT N RAWLINS VICE PRESIDENT ETTE CALABRESE ASURER HERINE WILE R SECRETARY A FLOYD SECRETARY	0.00 0.00 0.00 0.00 0.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employe benefit plans, and deferred compensation 0. 0. 0.	e (e) E	Estimated amount of her compensation 0. 0. 0. 0. 0.
PRES MART 1ST JEAN 2ND SUZE TREF CATH CORF TARF REC 0 HOSE KATI	Y BETH NICHOLS SIDENT THA LIEBMAN VICE-PRESIDENT N RAWLINS VICE PRESIDENT ETTE CALABRESE ASURER HERINE WILE R SECRETARY A FLOYD SECRETARY	0.00 0.00 0.00 0.00 0.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0. 0. 0.	(d) Health benefits, contributions to employe benefit plans, and deferred compensation 0. 0. 0. 0.	e (e) E	Stimated amount of her compensation 0. 0. 0. 0. 0. 0.
PRES MART JEAN 2ND SUZE TREA CATE CORE TARA REC O HOSE KATI 3RD	Y BETH NICHOLS SIDENT THA LIEBMAN VICE-PRESIDENT N RAWLINS VICE PRESIDENT ETTE CALABRESE ASURER HERINE WILE R SECRETARY A FLOYD SECRETARY PITALITY ETHIELL VICE PRESIDENT	0.00 0.00 0.00 0.00 0.00 0.00 0.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employe benefit plans, and deferred compensation 0. 0. 0. 0. 0.	e (e) E	Stimated amount of her compensation 0. 0. 0. 0. 0. 0.
PRES MART JEAN JEAN SUZE TREA CATE CATE TARA REC O HOSE KATI 3RD AMBE	Y BETH NICHOLS SIDENT THA LIEBMAN VICE-PRESIDENT N RAWLINS VICE PRESIDENT ETTE CALABRESE ASURER HERINE WILE R SECRETARY A FLOYD SECRETARY PITALITY E THIELL VICE PRESIDENT CR AZZARELLO	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0. 0. 0. 0.	(d) Health benefits, contributions to employe benefit plans, and deferred compensation 0. 0. 0. 0. 0. 0.	e (e) E	Stimated amount of her compensation 0. 0. 0. 0. 0. 0. 0. 0. 0. 0
PRES MART 1ST JEAN 2ND SUZE TREA CATH CORE TARA REC 0 HOSE KATI 3RD AMBE COMM	Y BETH NICHOLS SIDENT THA LIEBMAN VICE-PRESIDENT N RAWLINS VICE PRESIDENT ETTE CALABRESE ASURER HERINE WILE R SECRETARY A FLOYD SECRETARY PITALITY E THIELL VICE PRESIDENT CR AZZARELLO MUNICATIONS	0.00 0.00 0.00 0.00 0.00 0.00 0.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0. 0. 0.	(d) Health benefits, contributions to employe benefit plans, and deferred compensation 0. 0. 0. 0. 0.	e (e) E	Stimated amount of her compensation 0. 0. 0. 0. 0. 0. 0. 0. 0. 0
PRES MART JEAN JEAN SUZE TREA CATE CORE TARA REC O HOSE KATI 3RD AMBE COMM	Y BETH NICHOLS SIDENT THA LIEBMAN VICE-PRESIDENT N RAWLINS VICE PRESIDENT ETTE CALABRESE ASURER HERINE WILE R SECRETARY A FLOYD SECRETARY PITALITY E THIELL VICE PRESIDENT CR AZZARELLO MUNICATIONS RYL BARRETT	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0. 0. 0. 0. 0.	(d) Health benefits, contributions to employe benefit plans, and deferred compensation O. O. O. O. O. O.	e (e) E	O. O. O. O. O. O.
PRESMART JEAN 2ND SUZE TREA CATH CORE TARA REC 0 HOSE KATI 3RD AMBE CHER TEAC	Y BETH NICHOLS SIDENT THA LIEBMAN VICE-PRESIDENT N RAWLINS VICE PRESIDENT ETTE CALABRESE ASURER HERINE WILE R SECRETARY A FLOYD SECRETARY PITALITY E THIELL VICE PRESIDENT CR AZZARELLO MUNICATIONS RYL BARRETT CHER LIAISON	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0. 0. 0. 0.	(d) Health benefits, contributions to employe benefit plans, and deferred compensation 0. 0. 0. 0. 0. 0.	e (e) E	O. O. O. O. O. O.
PRESMART JEAN 2ND SUZE TREA CATH CORF TARA REC 0 HOSE KATI 3RD AMBE COMM CHER KIP	Y BETH NICHOLS SIDENT THA LIEBMAN VICE-PRESIDENT N RAWLINS VICE PRESIDENT ETTE CALABRESE ASURER HERINE WILE R SECRETARY A FLOYD SECRETARY PITALITY E THIELL VICE PRESIDENT CR AZZARELLO MUNICATIONS RYL BARRETT	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0. 0. 0. 0. 0. 0. 0.	(d) Health benefits, contributions to employe benefit plans, and deferred compensation 0. 0. 0. 0. 0. 0. 0. 0. 0. 0	e (e) E oti	O. O. O. O. O. O. O.
PRESMART JEAN 2ND SUZE TREA CATH CORF TARA REC 0 HOSE KATI 3RD AMBE COMM CHER KIP	Y BETH NICHOLS SIDENT THA LIEBMAN VICE-PRESIDENT N RAWLINS VICE PRESIDENT ETTE CALABRESE ASURER HERINE WILE R SECRETARY A FLOYD SECRETARY PITALITY E THIELL VICE PRESIDENT ER AZZARELLO MUNICATIONS RYL BARRETT CHER LIAISON BEST	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0. 0. 0. 0. 0.	(d) Health benefits, contributions to employe benefit plans, and deferred compensation O. O. O. O. O. O.	e (e) E oti	stimated amount o

Page 3

				-3
Par	Other Information (Note the Schedule A and personal benefit contract statement requirements	in th	ne .v	
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	Part	V .	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		162	140
00	detailed description of each activity in Schedule O	33		×
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed	"		
٠.	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		×
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	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		
С	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	05		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	35c		×
30	during the year? If "Yes," complete applicable parts of Schedule N	36		×
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a	No.	9750	EFE
b	Did the organization file Form 1120-POL for this year?	37b		×
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were		447	25 A
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		×
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter.			
a	Initiation fees and capital contributions included on line 9		1	3
b 40a	Gross receipts, included on line 9, for public use of club facilities			15.5
40a	section 4911 ► ; section 4912 ► ; section 4955 ►	統	1	
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			10
	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		×
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	10.5	器	
	on organization managers or disqualified persons during the year under sections 4912,			10 X
	4955, and 4958			
d	40c reimbursed by the organization	原	1	
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	11.00		
	transaction? If "Yes," complete Form 8886-T	40e	. Alexandra	×
41	List the states with which a copy of this return is filed ▶			
42a	The organization's books are in care of ► SUZETTE CALABRESE Telephone no. ► (38)		7-83	91
	Located at ► 2100 AIRPORT RD, ORMOND BEACH FL ZIP + 4 ► 321	74	F	
þ	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	405	Yes	
	If "Yes," enter the name of the foreign country	42b	PROJECT	X 566616
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and		養婦	
	Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		×
	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		. 1	▶ 🗆
	and enter the amount of tax-exempt interest received or accrued during the tax year		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	I
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be	52.20	Yes	
44 a	completed instead of Form 990-EZ	44a		×
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be		P. Carrie	
J	completed instead of Form 990-EZ	44b	- F-4-75	×
c	Did the organization receive any payments for indoor tanning services during the year?	44c		×
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an		1	S. S. S.
	explanation in Schedule O	44d		
45a	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		营	
	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		文 文本語
		1-100	1	

Pa	ae	4

								1.7	
46		ne organization engage, directly or in						Yes	No No
		ndidates for public office? If "Yes," of		Part I		<u> </u>	. 46		<u>×</u> _
Part (Section 501(c)(3) Organizations		47 401 1	50			1	
		All section 501(c)(3) organization	s must answer que	stions 47-49b and	52, and cor	npiete th	e tables 1	or iini	es
		50 and 51. Check if the organization used Scl	andula O to respond	to any guestion in t	hic Dart VI				
		Check if the organization used Sci	leddie O to respond	to any question in t	IIIS I AIL VI	:	· · · <u>·</u>	Yes	No
47	Did #	ne organization engage in lobbying	activities or have a s	section 501(h) electio	n in effect d	uring the	tax	163	140
٠,		If "Yes," complete Schedule C, Part					. 47		×
48	•	organization a school as described in)? If "Yes." complete:	Schedule F				×
		ne organization make any transfers to							×
		s," was the related organization a se					. 49b		
50		plete this table for the organization's						es, an	d key
	emplo	oyees) who each received more than	\$100,000 of comper	sation from the orga	nization. If the	ere is non	e, enter "N	one."	
			(b) Average	(c) Reportable	(d) Health to		(e) Estimate	d amou	unt of
	(a)	Name and title of each employee	hours per week devoted to position	compensation (Forms W-2/1099-MISC)	benefit plans, a		other com		
			devoted to position	(FOITIS W-2/1095-WISC)	compens	sation			
NONE									
					 				
]				
f	Total	number of other employees paid over	er \$100.000	. •	.1				
		plete this table for the organization'			contractors	who each	received	more	than
		000 of compensation from the orga							
	(a)	Name and business address of each independ	lent contractor	(b) Type of sen	/ice	(c)	Compensati	on	
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NONE			·····		ļ				
			•••••		i				
									
_									
d	Total	number of other independent contra	ctors each receiving	over \$100,000	>		-		
		he organization complete Schedu			nizations mi	ust attach	 n a		
	comp	leted Schedule A		<u> </u>	<u> </u>	<u> </u>	.►⊠ Yes		No_
Under pe	nalties	of perjury, I declare that I have examined this r	eturn, including accompan	ying schedules and statem	ents, and to the l	est of my kr	nowledge and	belief,	ıt ıs
true, corr	ect, and	complete Declaration of preparer (other than	officer) is based on all info	rmation of which preparer					
C!		Suziu (ala	y rece			-20-2	2019		
Sign		Signature of officer Suzette Calabrese, Tr	aasiirar —	_	Date				
Here		Type or print name and title	casurer						
		<u> </u>	Preparer's signature	In	ate		PTIN		
Paid		Print/Type preparer's name JOSEPH LOGUIDICE	JOSEPH LOGIFIE		 8/07/2019	Check X	of P012	1902	:8
Prepa		Firm's name Direct Busines		Inc.			-329110		
Use C	nly	Firm's name D11ect Busines Firm's address > 1515 Ridgewood			32117 Phor		86)304-)
		discuss this return with the preparer			_ <u> F 1101</u>	.5110 (5	► ∏ Y.e's		No.

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

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

Internal Revenue Service Employer identification number Name of the organization PTA FLORIDA CONGRESS - PATHWAYS ELEMENTARY PTA 59-3469116 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 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) 8 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: See Ln 9 Agricultural Research Org Stmt 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 b 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, C 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) d 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. 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 listed in your governing support (see other support (see document? above (see instructions)) instructions) instructions) Yes No

Par	Support Schedule for Organize	ations Descr	ibed in Sect	ions 170(h)(1	I)(Δ)(iv) and 1	70(b)(1)(Δ)(v)	i) /
	(Complete only if you checked the						
	Part III. If the organization fails to						
Sect	ion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	,			,		
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge					t	
4	Total. Add lines 1 through 3	I an anti-consult section	E. Chr. Land G. Mark H.A. (277 A. Serv.)	na moderna i o cinado de la come	JOSEPH PROPERTY OF S	F). Caralletter suit entire 11	
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4	经验的选择	器和正式系統	经政治的企业	到的特色型	STATE OF STA	
	on B. Total Support			I 	, 1————————————————————————————————————		
Caler 7	ndar year (or fiscal year beginning in) Amounts from line 4	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources				`		······································
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 12	Gross receipts from related activities, etc.		ons)			12	
13	First five years. If the Form 990 is for the organization, check this box and stop her	ie organization re	's first, secon	d, third, fourth	, or fifth tax ye	ear as a section	n 501(c)(3) ► □
Secti	on C. Computation of Public Suppor	t Percentage	e				· · · ·
14	Public support percentage for 2018 (line 6			1, column (f))		14	%
15	Public support percentage from 2017 Sch					15	%
16a	33 ¹ / ₃ % support test—2018. If the organization qual						
b	331/3% support test—2017. If the organization this box and stop here. The organization	zation did not	check a box o	n line 13 or 16	a, and line 15	is 33½% or ma	ore, check
17a		018. If the orga ets the "facts- facts-and-circu	inization did n	ot check a box ances" test, ch st. The organiz	x on line 13, 10 neck this box a	6a, or 16b, and and stop here.	l line 14 is Explain in
. b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organiza Explain in Part VI how the organization in supported organization	tion meets the neets the "fact	e "facts-and-c s-and-circums	ircumstances' stances" test.	' test, check t	his box and s on qualifies as	top here.
18	Private foundation. If the organization did instructions	d not check a b	oox on line 13,	16a, 16b, 17a	, or 17b, check	this box and	

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.)

Secti	on A. Public Support						
Caler	idar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received (Do not include any "unusual grants.")	1,135.	2,050.	864.	523.		4,572.
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						
3	Gross receipts from activities that are not an			i			
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization'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	1,135.	2,050.	864.	523.		4,572.
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
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						
	•						
С 8	Add lines 7a and 7b			4 37 5 1	3	4. 2.7	+
Ü	line 6)		•				4,572.
Secti	on B. Total Support				1		
	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	1,135.	2,050.	864:	523.		4,572.
10a					- "		
	payments received on securities loans, rents,			i			
	royalties, and income from similar sources.	60.	1.	2.	4.		67.
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						1
	acquired after June 30, 1975						
С		60.	1.	2.	4.		67.
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,						
10	and 12.)	1,195.	2,051.	866.	527.		4,639.
14	First five years. If the Form 990 is for the					ar as a sect	
• •	organization, check this box and stop he	-					
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2018 (line	B, column (f), d	ivided by line 1	3, column (f))		15	98.56 %
16	Public support percentage from 2017 Sch	nedule A, Part I	II, line 15 .	<u> </u>	<u> </u>	16	98.56 %
Secti	on D. Computation of Investment In						<u> </u>
17	Investment income percentage for 2018 (17	1.44 %
18	Investment income percentage from 2017					18	1.44 %
19a	331/3% support tests—2018. If the organ						
	17 is not more than 331/3%, check this box	-	-			_	
b	331/3% support tests—2017. If the organiz						
••	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization di	u not check a l	oox on line 14.	19a, or 19b, c	THECK THIS DOX	and see instr	uctions 🕨 🗌

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?
- 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 (as 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.)

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Part	Supporting Organizations (continued)	-		
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	3.5	建筑	19
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	Cir	憲法
h	A family member of a person described in (a) above?	11b		<u> </u>
	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		
	ion B. Type I Supporting Organizations	1110		<u> </u>
	on or type reapporting organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	12.6	经数件	705.2
-	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	14.7	. 4	
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	1.5E		
	controlled the organization's activities. If the organization had more than one supported organization,	1	多等	雄鸟
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported		Y.	
	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	流	4	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	1		
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	THE STATE OF	就類	3
	supervised, or controlled the supporting organization.	2		<u> </u>
Secti	on C. Type II Supporting Organizations			
		interior.	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	X		
•	the supported organization(s).	41111		\$ to 1 16 16 16
Secti	on D. All Type III Supporting Organizations	<u> </u>		
-	on 2.7.11 Type in dapporting digenizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	F. F.	11302	25 X 2 3
	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		1	
	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	問題	2	
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	泛赞		建設
_	the organization maintained a close and continuous working relationship with the supported organization(s).	2		31.631
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 Part VI the role the organization's	能够	5	
	supported organizations played in this regard.	15.73X	land in	10255
Secti	on E. Type III Functionally Integrated Supporting Organizations	3	•	<u> </u>
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	netru	ctions	e)
a	The organization satisfied the Activities Test. Complete line 2 below.	1,50,60		<i>3).</i>
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
L	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (seo in:	struct	ions)
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	11.5		開発性
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,		强	
	how the organization was responsive to those supported organizations, and how the organization determined	建筑	流光	2 (1)
	that these activities constituted substantially all of its activities.	2a	ly yer, are	175** 21
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	2.0		
	reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	22.		2
•	•	2b	o'n have	के <i>तिका</i> ड
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			K.M
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	CLEE	4444
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		200	78.74 78.74
D	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	ar every learner	-244E

instructions).

Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
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		THE STATE OF THE S	
instructions for short tax year or assets held for part of year):			の対域を変われる。
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):	Sec.		
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		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	学生是一个工作,	
4 Enter greater of line 2 or line 3.	4	通過的電影型的基準的	
5 Income tax imposed in prior year	5	是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个	
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-functionall	y in	tegrated Type III supporting	organization (see

Part	Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	izations (continued)	
Sect	ion D—Distributions			Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	empt purposes of suppo	orted	
3	Administrative expenses paid to accomplish exempt purp	ooses of supported orga	anizations	
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 whice (provide details in Part VI). See instructions.	ch the organization is re	sponsive	
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6	在正述是加加的原理	可容無理解的學成	
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required – explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
a	From 2013	SACHER CONTRACTOR		张明·李明·李明·李明·李明·李明·李明·李明·李明·李明·李明·李明·李明·李明
<u>u</u>	From 2014	ASSESSMENT OF THE STATE OF THE		Same and the second sec
C	From 2015	STATE THE TAXABLE AND THE SECOND	ENTERIOR TO SERVICE TO	
d	From 2016			
e	From 2017			
f	Total of lines 3a through e	Mile 4. 1 mice day Nobel calabratica has malastrales de		
g	Applied to underdistributions of prior years		I AMERICAN STATE OF THE STATE O	
h	Applied to 2018 distributable amount	特别是国际的	他为2000年2000年2000年2000年2000年2000年2000年200	
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.		THE WEST TO SEE THE	
4	Distributions for 2018 from		通過運動的企業	
•	Section D, line 7:		通知是是基础的	
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			All Lines and the second secon
С	Remainder. Subtract lines 4a and 4b from 4.	C. AND PROPERTY TO JULY S. LONG OF SIX NAME & PROPERTY SERVICES	VALUE OF THE SAME OF THE	
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.		REAL TRESPONDED & STORESTERS FROM	WARE TO THE TOTAL THE
6	Remaining underdistributions for 2018. Subtract lines 3h			•
	and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7		3 <u>至,</u> 是是是一个人的,但是一个人的。		
7	Excess distributions carryover to 2019. Add lines 3j and 4c.			
8	Breakdown of line 7:	性是是	被压制的强制和	National Section of the Control of t
а	Excess from 2014	理論語言語言語言		學學學學學學學
b	Excess from 2015		TENNESS SE	
С	Excess from 2016	· · · · · · · · · · · · · · · · · · ·		
d	Excess from 2017		The state of the s	
_	Excess from 2018	1687年1675年,1586年1675年1675年1675年1675年1675年1675年1675年167	11.00% 为处理过去的 首次 医多种溶解 电影響	[20] 中国的 [20] [20] [20] [20] [20] [20] [20] [20]

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.)
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SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Employer identification numbe Name of the organization 59-3469116 PTA FLORIDA CONGRESS - PATHWAYS ELEMENTARY PTA Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. e Solicitation of non-government grants Mail solicitations Internet and email solicitations f Solicitation of government grants g

Special fundraising events ☐ Phone solicitations In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (vi) Amount paid to (or retained by) (III) Did fundraiser have (or retained by) (i) Name and address of individual (iv) Gross receipts (ii) Activity custody or control of contributions? fundraiser listed in col (i) or entity (fundraiser) from activity organization Yes No 1 2 3 4 5 6 7 8 9 10 **Total** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Pa	ırt.ll"	Fundraising Events. Cor than \$15,000 of fundraising gross receipts greater that	ng event contributions	on answered "Yes" or and gross income on	n Form 990, Part IV, lir Form 990-EZ, lines 1	ne 18, or reported more and 6b. List events with
	-		(a) Event #1	(b) Event #2	(c) Other events NONE (total number)	(d) Total events (add col (a) through col (c))
Revenue	1	Gross receipts				
	2	Less: Contributions Gross income (line 1 minus line 2)				
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
Direct	8	Entertainment				
	9	Other direct expenses .				
Pa	10 11	Direct expense summary. Ac Net income summary. Subtra Gaming. Complete if th \$15,000 on Form 990-E2	act line 10 from line 3, c e organization answe	olumn (d)	▶ ▶ 990, Part IV, line 19,	or reported more than
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
å	1	Gross revenue				
ses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
_	5_	Other direct expenses .				The state of the s
	6	Volunteer labor	☐ Yes %☐ No	☐ Yes % ☐ No	☐ Yes% ☐ No	
	7	Direct expense summary. Ac	ld lines 2 through 5 in c	olumn (d)		
	8	Net gaming income summar	y. Subtract line 7 from l	ne 1, column (d)		
		nter the state(s) in which the or the organization licensed to co "No," explain:				
		ere any of the organization's g "Yes," explain.	aming licenses revoked	I, suspended, or termin	ated during the tax year	? . □Yes □No

Schedu	ule G (Form 990 or 990-EZ) 2018		Page 3						
11	Does the organization conduct gaming activities with nonmembers?	☐ Yes	☐ No						
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?	☐ Yes	□No						
13	Indicate the percentage of gaming activity conducted in: The organization's facility		%						
a b	An outside facility		/ 0						
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:								
	Name ►	•	·····						
	Address ►								
	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	☐ Yes	□ No						
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the								
С	amount of gaming revenue retained by the third party ► \$								
	Name ►								
	Address ▶								
16	Gaming manager information.								
	Name ▶								
	Gaming manager compensation ▶ \$								
	Description of services provided ▶								
	□ Director/officer □ Employee □ Independent contractor								
17	Mandatory distributions:								
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to	☐ Yes							
b	retain the state gaming license?	⊔ res	⊔ мо						
J	spent in the organization's own exempt activities during the tax year ▶ \$								
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any addition See instructions.	(iii) and nal infor	(v); and mation.						
	•••••••••••••••••••••••••••••••••••••••								
			•••••						
									
		·							

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.

2018

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Name of the organization		Employer identification number
PTA FLORIDA CO	NGRESS - PATHWAYS ELEMENTARY PTA	59-3469116
Dt I I' 36		
Pt I, Line 16:		
Description:	INSURANCE \$815	
Doorwantia	DDUCAMIONAL DDOCDAM CUDDODE CG1 GA2	
Description:	EDUCATIONAL PROGRAM SUPPORT \$61,642	
Pt II, Line 24	:	
Description:	Accounts Recievable Beginning of Year: \$516 End of	Year: \$0
Description.	necount nectovable beginning of feat, you but of	
Description:	T-Shirt Inventory Beginning of Year: \$4,524 End of	Year: \$5,496
		•••••
••••••		,
··· · · · · · · · · · · · · · · · · ·		