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

2018

Department of the Treasury

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

Open to Public Inspection

		2018 calenda	ar year, or tax year beginning JULY 1 , 2018, and ending	JUNE :	30 , 20 19
_	heck if ap				dentification number
_	Address c		SAWNEE ELEMENTARY PTO	_	821144393
=	Name cha			phone i	number
\square	initial retur	rn	1616 CANTON HWY		7708876161
=		n/terminated	City or town, state or province, country, and ZIP or foreign postal code	oup Ex	emption
=	Amended Application	return on pending	\ 1. / 1	•	▶ 🔯
		ting Method			if the organization is not
	Vebsite	-			ttach Schedule B
					90-EZ, or 990-PF).
		organization		-	
LA	dd lines	s 5b, 6c, and	7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets	;	
(Pai	rt II, coli	umn (B)) are \$	500,000 or more, file Form 990 instead of Form 990-EZ	▶ ;	\$ 89135
P	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances (see the instru	iction	s for Part I) 😨
			the organization used Schedule O to respond to any question in this Part I		
3	1		ns, gifts, grants, and similar amounts received	1	7237
2	2	Program se	ervice revenue including government fees and contracts	2	12748
窒	3	Membersh	p dues and assessments	3_	2065
2	4	Investment	Income	4	
	5a	Gross amo	unt from sale of assets other than inventory 5a		
	b		or other basis and sales expenses	<u> - · · </u>	
	С		ss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6		d fundraising events:		
41	а		ome from gaming (attach Schedule G if greater than	1:-	
ğ		\$15,000)	<u>6a</u>	٠٠ -	
Revenue	b		me from fundraising events (not including \$of contributions	'Are -	
æ			aising events reported on line 1) (attach Schedule G if the	13-	
	1	sum of suc	h gross income and contributions exceeds \$15,000) 6b 5691	9	
	С		t expenses from gaming and fundraising events 6c 2455	4 🚊	
	d		e or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract	1	
		line 6c) .		6d	32365
	7a		s of inventory, less returns and allowances	┥.	
	b		of goods sold	- [
	C		t or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	1506
	8		nue (describe in Schedule O)	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
—	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	55921
	10		similar amounts paid (list in Schedule O)	10	28417
, 0	11	•	her compensation, and employee benefits 🖾 \&\ ocr 2 8 2019	112	
Set	13	Drofession	alifer compensation, and employee benefits Est	13	
en			rent, utilities, and maintenance	14	
Expense	14 15		1000	15	
	16		nses (describe in Schedule O) 窗	16	26268
	17		nses. Add lines 10 through 16	17	54685
	18	Faces or	deficit) for the year (Subtract line 17 from line 9)	18	1236
ets	19		or fund balances at beginning of year (from line 27, column (A)) (must agree with	-	1230
SS			r figure reported on prior year's return)	19	32690
Net Assets	20	-	ges in net assets or fund balances (explain in Schedule O)	20	
ž	21		or fund balances at end of year. Combine lines 18 through 20	21	33926
For			on Act Notice, see the separate instructions. Cat No 10642		Form 990-EZ (2018)

Pa						
	art II Balance Sheets (see the instructions to	•				
	 Check if the organization used Schedule 	O to respond to a			<u></u>	<u> </u>
			_	(A) Beginning of year	<u></u>	(B) End of year
22	· · · · · · · · · · · · · · · · · · ·			32690	-	33926
23					23	
24	Other assets (describe in Schedule O)				24	
25				32690		33926
26			<u> </u>	·	26	
27	Net assets or fund balances (line 27 of column It III Statement of Program Service Accom			32690	27	33926
Desc as m pers	scribe the organization's program service accompli- measured by expenses. In a clear and concise m sons benefited, and other relevant information for ea	PROVIDE SUPPORT shments for each on nanner, describe the ach program title.	TO SAWNEE ELEME f its three largest pre- e services provided	ogram services, the number of	501(0	Expenses urred for section c)(3) and 501(c)(4) nizations; optional for rs)
3	(Grants \$) If this amount	includes foreign gra	ints, check here .	▶ □	28a	32701
_	EVENT EXPENSES FOR 5TH GRADE,FATHER/DAUG				200	32,0
	AND AWARDS				1	
					l	
	(Grants \$) If this amount	includes foreign gra	ints, check here .	▶ □	29a	1209
30						
•						Ì
	***************************************]	
	(Grants \$) If this amount	includes foreign ara	ints, check here .	▶ □	30a	989
21	Other program services (describe in Schedule O)				002	303
31	, -		ints, check here .	_	31a	1
22	Total program service expenses (add lines 28a				32	5468
_						
الغ	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule	/ Employees (list each	i one even ii noi comi			Mons for Part IVI
		O to respond to a			.01,00	
	Check if the organization used Schedule	·	ny question in this l	Part IV	· T	<u> Ć</u>
	(a) Name and title	O to respond to a (b) Average hours per week devoted to position		Part IV (d) Health benefits, contributions to employ	ee (e)	· · · · <u>·</u>
SINA	_	(b) Average hours per week devoted to position	(c) Reportable (c) Compensation (Forms W-2/1099-MISC)	Part IV	ee (e)	Estimated amount o
	(a) Name and title	(b) Average hours per week	(c) Reportable (c) Compensation (Forms W-2/1099-MISC)	Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensatio	ee (e)	Estimated amount of their compensation
PRE	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable (c) Reportable (c) Reportable (c) Compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensatio	ee (e)	Estimated amount of their compensation
RE:	(a) Name and title A HARPER ESIDENT	(b) Average hours per week devoted to position	(c) Reportable (c) Reportable (c) Reportable (c) Compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensatio	ee (e)	Estimated amount of their compensation
RE!	(a) Name and title A HARPER ESIDENT LISSA NEWMAN	(b) Average hours per week devoted to position	(c) Reportable (c) Reportable (c) Reportable (c) Compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensatio	ee (e)	Estimated amount of their compensation
RE! RE!	(a) Name and title IA HARPER ESIDENT LISSA NEWMAN EASURER	(b) Average hours per week devoted to position	(c) Reportable (c) Reportable (c) Reportable (c) Compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensatio	ee (e)	Estimated amount of their compensation
RE! RE! EN!	(a) Name and title A HARPER ESIDENT LISSA NEWMAN EASURER INIFER SCRIBNER	(b) Average hours per week devoted to position 10 5	(c) Reportable (c) Reportable (c) Reportable (c) Compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensatio	0 0	Estimated amount of their compensation
RE! RE! IEN! ICE REB	(a) Name and title A HARPER ESIDENT LISSA NEWMAN EASURER INIFER SCRIBNER E PRESIDENT	(b) Average hours per week devoted to position	(c) Reportable (c) Reportable (c) Reportable (c) Compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensatio	0 0	Estimated amount of their compensation
RES MELI REM MELI MELI MELI MELI MELI MELI MELI ME	(a) Name and title A HARPER ESIDENT LISSA NEWMAN EASURER INIFER SCRIBNER E PRESIDENT BECCA FRANK	(b) Average hours per week devoted to position 10 5 5	y question in this (c) Reportable (c) Reportable (c) Compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensatio	0 0 0	Estimated amount of their compensation
PRES MELI MELI IENI MICE MIL	(a) Name and title ESIDENT LISSA NEWMAN EASURER INIFER SCRIBNER E PRESIDENT BECCA FRANK E PRESIDENT	(b) Average hours per week devoted to position 10 5	y question in this (c) Reportable (c) Reportable (c) Compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensatio	0 0 0	Estimated amount of their compensation
REI REI IENI IENI IEE IIEE IIEE IIEE IIE	(a) Name and title EA HARPER ESIDENT LISSA NEWMAN EASURER INIFER SCRIBNER E PRESIDENT BECCA FRANK E PRESIDENT ILY NELSON	(b) Average hours per week devoted to position 10 5 5 5	ny question in this (c) Reportable (c) Reportable (c) Compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensatio	0 0	Estimated amount of their compensation
REI REI IENI ICE REB ICE MIL ICE	(a) Name and title EA HARPER ESIDENT LISSA NEWMAN EASURER INIFER SCRIBNER E PRESIDENT BECCA FRANK E PRESIDENT ILY NELSON E PRESIDENT	(b) Average hours per week devoted to position 10 5 5	ny question in this (c) Reportable (c) Reportable (c) Compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensatio	0 0	Estimated amount of their compensation
PRESPRESE MELLIFICE MELLIFONI MELLIF	(a) Name and title A HARPER ESIDENT LISSA NEWMAN EASURER INIFER SCRIBNER E PRESIDENT BECCA FRANK E PRESIDENT LY NELSON E PRESIDENT N ARNOTT	(b) Average hours per week devoted to position 10 5 5 5 5	ny question in this (c) Reportable (c) Reportable (c) Compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensatio	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Estimated amount of their compensation
PRESTREAMELLIFE PRESTREAMELLIFICAMELLIF	(a) Name and title IA HARPER ESIDENT LISSA NEWMAN EASURER INIFER SCRIBNER E PRESIDENT BECCA FRANK E PRESIDENT LLY NELSON E PRESIDENT N ARNOTT E PRESIDENT	(b) Average hours per week devoted to position 10 5 5 5	ny question in this (c) Reportable (c) Reportable (c) Compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensatio	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Estimated amount of their compensation
PRESTREAMELLIFE PRESTREAMELLIFICAMELLIF	(a) Name and title IA HARPER ESIDENT LISSA NEWMAN EASURER INIFER SCRIBNER E PRESIDENT BECCA FRANK E PRESIDENT ILY NELSON E PRESIDENT N ARNOTT E PRESIDENT RA BIGGS	(b) Average hours per week devoted to position 10 5 5 5 5	oy question in this last (c) Reportable (c) Reportable (c) Compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensatio	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Estimated amount of their compensation
PRESPRESE MELLICRE MELLICRE MILLICRE MI	(a) Name and title IA HARPER ESIDENT LISSA NEWMAN EASURER INIFER SCRIBNER E PRESIDENT BECCA FRANK E PRESIDENT ILY NELSON E PRESIDENT N ARNOTT E PRESIDENT RA BIGGS	(b) Average hours per week devoted to position 10 5 5 5 5	oy question in this last (c) Reportable (c) Reportable (c) Compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensatio	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Estimated amount of their compensation
PRESPRESE MELLICRE MELLICRE MILLICRE MI	(a) Name and title IA HARPER ESIDENT LISSA NEWMAN EASURER INIFER SCRIBNER E PRESIDENT BECCA FRANK E PRESIDENT ILY NELSON E PRESIDENT N ARNOTT E PRESIDENT RA BIGGS	(b) Average hours per week devoted to position 10 5 5 5 5	oy question in this last (c) Reportable (c) Reportable (c) Compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensatio	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Estimated amount of their compensation
PRESPRESE MELLICRE MELLICRE MILLICRE MI	(a) Name and title IA HARPER ESIDENT LISSA NEWMAN EASURER INIFER SCRIBNER E PRESIDENT BECCA FRANK E PRESIDENT ILY NELSON E PRESIDENT N ARNOTT E PRESIDENT RA BIGGS	(b) Average hours per week devoted to position 10 5 5 5 5	oy question in this last (c) Reportable (c) Reportable (c) Compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensatio	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Estimated amount of their compensation
PRESTREAMELLIFE PRESTREAMELLIFICAMELLIF	(a) Name and title IA HARPER ESIDENT LISSA NEWMAN EASURER INIFER SCRIBNER E PRESIDENT BECCA FRANK E PRESIDENT ILY NELSON E PRESIDENT N ARNOTT E PRESIDENT RA BIGGS	(b) Average hours per week devoted to position 10 5 5 5 5	oy question in this last (c) Reportable (c) Reportable (c) Compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensatio	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Estimated amount of their compensation
PRESENTE DE LA COMPANION DE LA	(a) Name and title IA HARPER ESIDENT LISSA NEWMAN EASURER INIFER SCRIBNER E PRESIDENT BECCA FRANK E PRESIDENT ILY NELSON E PRESIDENT N ARNOTT E PRESIDENT RA BIGGS	(b) Average hours per week devoted to position 10 5 5 5 5	oy question in this last (c) Reportable (c) Reportable (c) Compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensatio	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Estimated amount o
PRESPRESE MELLICRE MELLICRE MILLICRE MI	(a) Name and title IA HARPER ESIDENT LISSA NEWMAN EASURER INIFER SCRIBNER E PRESIDENT BECCA FRANK E PRESIDENT ILY NELSON E PRESIDENT N ARNOTT E PRESIDENT RA BIGGS	(b) Average hours per week devoted to position 10 5 5 5 5	oy question in this last (c) Reportable (c) Reportable (c) Compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensatio	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Estimated amount of their compensation
PRESENTE DE LA COMPANION DE LA	(a) Name and title IA HARPER ESIDENT LISSA NEWMAN EASURER INIFER SCRIBNER E PRESIDENT BECCA FRANK E PRESIDENT ILY NELSON E PRESIDENT N ARNOTT E PRESIDENT RA BIGGS	(b) Average hours per week devoted to position 10 5 5 5 5	oy question in this last (c) Reportable (c) Reportable (c) Compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensatio	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Estimated amount of their compensation
PRES MELI TREA JENA VICE REB VICE EMIL VICE ERIN VICE SARA	(a) Name and title IA HARPER ESIDENT LISSA NEWMAN EASURER INIFER SCRIBNER E PRESIDENT BECCA FRANK E PRESIDENT ILY NELSON E PRESIDENT N ARNOTT E PRESIDENT RA BIGGS	(b) Average hours per week devoted to position 10 5 5 5 5	oy question in this last (c) Reportable (c) Reportable (c) Compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensatio	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Estimated amount of their compensation



	Part				_	
		instructions for Part V.) Check if the organization used Schedule O to respond to any question in the	ıs Part			
	33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	Yes	No ✓	_
7	34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions				· @
	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)?				•
	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	35a 35b		~	-
	c	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			1	•
	36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		1	黿
	37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a	12.54	1	34.5]
	b	Did the organization file Form 1120-POL for this year?	37b	5 (1 3 7	√	ì
	38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	- (1, 4 1) mily	455	
	b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	30a	74.73	V 8554,55	j æii
	39	Section 501(c)(7) organizations. Enter.				
	а	Initiation fees and capital contributions included on line 9		1		
	þ	Gross receipts, included on line 9, for public use of club facilities		1 1 ng	ار دار کا	
	40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under. section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶	THE STATE OF THE S			
	b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		陆统	✓] 霸
	С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	10 miles	報源		
	d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization				
	е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		√ ✓	
	41	List the states with which a copy of this return is filed ▶				
	42a	The organization's books are in care of ► MELISSA NEWMAN Telephone no. ►	770-88		1	
	b	Located at ► 1616 CANTON HWY, CUMMING, GA ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No	
		a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		1	,
		If "Yes," enter the name of the foreign country ▶	1	A A	ر کرد. ۱) گریده کرد	
		See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			TO SEE	
	С	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country	42c	Ĺ <u></u> .	✓	,
	43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		Yes	▶ □	
		Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	Tes NATE	No →	i
	b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	经上	3.34 V	
		Did the organization receive any payments for indoor tanning services during the year?	44c 5722 44d	7.3 % 2.3 % 2.3 %	√ √ √	<u> </u>
		Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		<u>√</u>	i
	b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b	物的		i

Form 99	90-F7 (2)	018)						P	age 4
46	Did th	ne organization engage, directly or in ndidates for public office? If "Yes," o						Yes ¥≃,	No
Part	VI	Section 501(c)(3) Organizations All section 501(c)(3) organization 50 and 51. Check if the organization used Sci	s Only s must answer que	stions 47–49b and	52, and o	complete th		or line	_ ✓ _ ਿ
47		he organization engage in lobbying		section 501(h) election		-	tax 47	Yes	No ✓ 🔯
48 49a	Is the	organization a school as described in ne organization make any transfers to	n section 170(b)(1)(A)(i o an exempt non-cha	i)? If "Yes," complete ritable related organi	Schedule :	E	. 48 . 49a		▼
50	Comp	es," was the related organization a se plete this table for the organization's oyees) who each received more than	five highest compen-	sated employees (oth	ner than of	ficers, directe		es, an	
	(a)	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	contributio benefit plar	Ith benefits, ns to employee as, and deferred pensation	(e) Estimate other con		
f 51	Comp	number of other employees paid over the organization',000 of compensation from the organization'	s five highest compe	ensated independent	contracto	ors who each	received	more	than
		Name and business address of each independ		(b) Type of ser	vice	(c)	Compensati	on	
							 -		
						-			
d	Total	number of other independent contra	actors each receiving	over \$100,000	>				
52 	Did t	the organization complete Schedu bleted Schedule A	le A? Note: All se	ction 501(c)(3) orga	· · ·	· · · ·	.▶☐ Yes		
true, cor	enalties rect, an	of perjury, I declare that I have examined this rd complete. Declaration of preparer (other than	return, including accompan n officer) is based on all info	ying schedules and statem irmation of which preparer	has any knov	ne best of my kr vledge 	nowledge and	Deller,	
Sign Here		Signature of officer President Type or print name and title			C	late 16~ 2	12-10	1	
Paid Prep	arer	Print/Type preparer's name AMY C HAMRICK	Preparer's signature		ate 1—14-19	Check Self-emplo		227390)3
Use		Firm's name ►	1/1/		F	irm's EIN ▶			

Firm's address ►

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

► ☐ Yes ☐ No

Phone no

SCHEDULE:A

(D)

(E) Total

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service **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.

0MB No 1545-0047 2019

Open to Public Inspection

Name of the organization Employer identification number **SAWNEE ELEMENTARY PTO** 82-1144393 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). 6 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university An organization that normally receives (1) more than 3373% 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.) ☐ 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 Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported organization (III) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see document? instructions) instructions) above (see instructions)) Yes No (A) (B) (C)

	 (Complete only if you checked the Part III. If the organization fails to 						alify under
Secti	on A. Public Support	s quality affac	5, 110 toots no	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Journal of the second of the s		
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	/(d) 2018	(e) 2019	(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						
4	Total. Add lines 1 through 3						
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	S. S. S. S.	性學學的	逐門問題	BELLEVE.	學的學術學	
	on B. Total Support					г	
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 8	Amounts from line 4						
9	Net income from unrelated business activities, whether or not the business is regularly carned 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	建筑建筑建筑	经验验	The state of the s	認為農園學時	为。在1907年1907年	
12	Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for the		n's fırst, secon	d, third, fourth	, or fifth tax y	ear as a sectio	n 501(c)(3)
	organization, check this box and stop he			<u> </u>	· · · · ·	<u> </u>	<u> </u>
Secti	on C. Computation of Public Suppor						
14	Public support percentage for 2019 (line					14	%
15 16a	Public support percentage from 2018 Sci 331/3% support test — 2019. If the organ						
iva	box and stop here. The organization qua						
b	33½% support test—2018. If the organi						
-	this box and stop here. The organization						▶ □
17a	10%-facts-and-circumstances test—2 10% or more, and if the organization me Part VI how the organization meets the " organization	eets the "facts	-and-circumsta umstances" te	ances" test, ch est. The organi	neck this box a zation qualifies	and stop here.	Explain in
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organization resupported organization is supported organization.	ation meets the meets the "fac	e "facts-and-c ts-and-circums	oircumstances' stances" test.	' test, check ' The organizati	this box and s on qualifies as	top here. a publicly
18	Private foundation. If the organization di instructions	id not check a	box on line 13,	, 16a, 16b, 17a	, or 17b, chec	k this box and	see

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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	<u> </u>			··· <u>········</u>		
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")			35464	22050		57514
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the]		1 1		}	
	organization's tax-exempt purpose	1		69952	67085		137037
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513		ļ]]			
4	Tax revenues levied for the						
	organization's benefit and either paid to	ł	ì	1			
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the	1		}			
	organization without charge						
6	Total. Add lines 1 through 5			105416	89135		194551
7a	Amounts included on lines 1, 2, and 3	ł	1	}			
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified			1			
	persons that exceed the greater of \$5,000			ļ .			
	or 1% of the amount on line 13 for the year		 	ļ			
С	Add lines 7a and 7b			105416	89135		194551
8	Public support. (Subtract line 7c from						
	line 6)		<u> </u>	<u> </u>	9 34		
	on B. Total Support	(1) 0015	#12 004 C	(-) 0047 T	/-D 0010	(-) 0010	(O T-+-I
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6		 				المحاليات
10a	Gross income from interest, dividends,	}	}	,			1
	payments received on securities loans, rents, royalties, and income from similar sources.						}
h	Unrelated business taxable income (less		 				
b	section 511 taxes) from businesses	1					· 1
	acquired after June 30, 1975	1					
С	Add lines 10a and 10b			 			
11	Net income from unrelated business			 			
• •	activities not included in line 10b, whether	1	1				1
	or not the business is regularly carried on	ļ	Í	1		ĺ	
12	Other income. Do not include gain or			1 1			
	loss from the sale of capital assets		1				ì
	(Explain in Part VI.)			1			1
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						•
14	First five years. If the Form 990 is for the	he organization	n's first, secor	d, third, fourth,	, or fifth tax ye	ear as a sectio	n 501(c)(3)
	organization, check this box and stop he	ere	<u> </u>		<u></u> .	<u> </u>	▶ ☑
Secti	on C. Computation of Public Suppo						
15	Public support percentage for 2019 (line	8, column (f), c	divided by line	13, column (f))		15	%
16	Public support percentage from 2018 Sc			<u> </u>	<u></u>	16	%
Secti	on D. Computation of Investment In						
17	Investment income percentage for 2019					17	%
18	Investment income percentage from 201	8 Schedule A,	Part III, line 17			18	%
19a	331/3% support tests—2019. If the organ	iization did not	check the bo	x on line 14, an	nd line 15 is m	ore than 331/39	%, and line
	17 is not more than 331/3%, check this box						
b	331/3% support tests—2018. If the organic	zation did not c	check a box on	line 14 or line 1	9a, and line 16	is more than 3	131/3%, and
	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization d	id not check a	box on line 14	<u>, 19a, or 19b, c</u>	neck this box	and see instru	ctions 🕨 🗌

Part IV **Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations	Section A.	All	Suppo	rting	Orga	aniza	atio	ทร
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	on A. All Supporting Organizations		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.	京海 1	THE STATE OF THE S	- 275.4 - 4.5 - 5.5 - 4.5 - 4.
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	では	を対
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	#2 } <u>*</u>	i Pri Mi
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	State St.	
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	2 3 m	-7-Ci
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	5,5	FAC.
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	變	
С	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	4c	建设	では、
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		松花
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	Yar.	4 24 4 5 C
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the 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 .	安全的 6		
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)	7	m (2)	
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	ifu.	\$3.
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	MAG MAG MAG MAG MAG MAG MAG MAG MAG MAG	なない
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		EST:
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.	े-हर् 9c	1325	13.

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

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

supporting organizations)? If "Yes," answer 10b below.

determine whether the organization had excess business holdings.)

10a

	Disconnection Committee (continue)			
Part	Supporting Organizations (continued)			
		7 50 7 1	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		H	2 4 1
	below, the governing body of a supported organization?	11a		├─-
	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	L	<u> </u>
Secti	on B. Type I Supporting Organizations			 -
		F-1. 4 .W	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	53		2.53
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	1.3		1
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization,	197	2	
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported		100	*
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	2 2 3	7. T	1
		1		
2	Did the organization operate for the benefit of any supported organization other than the supported			7.5
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	S. Carl		3.5
	supervised, or controlled the supporting organization.	2	L	<u> </u>
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	a fig.		對於
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	A STATE		14.5% T
	or management of the supporting organization was vested in the same persons that controlled or managed	医影響	1 500	1.75
	the supported organization(s).	1		<u> </u>
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	4 5 3	\$ 1845. 2000	4 4
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	10.4% 在10.00	93	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	1443		
	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		懿等	13,26
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	3 5	7-4-2 2-422	
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		<u></u>
3	By reason of the relationship described in (2), did the organization's supported organizations have a	9,4	No.	
	significant voice in the organization's investment policies and in directing the use of the organization's	377		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	1.3%		122
	supported organizations played in this regard.	3		<u></u>
<u>Secti</u>	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instru	ction	s).
а	☐ The organization satisfied the Activities Test. Complete line 2 below			
b	\square The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	struct	ions)
2	Activities Test. Answer (a) and (b) below.	<u> </u>	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	150	21 11 12 12 12 12 12 12 12 12 12 12 12 1	となった
	those supported organizations and explain how these activities directly furthered their exempt purposes,	7		1. 1
	how the organization was responsive to those supported organizations, and how the organization determined	3.7	E-lare l	\$50° 61
	that these activities constituted substantially all of its activities	2a		<u> </u>
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	T. 2	7	
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	100	1334	
	reasons for the organization's position that its supported organization(s) would have engaged in these		1	
	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.		77.4	
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	100	F. F.	
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	135.	3 2 1 1	75.71
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard	3b		

instructions).

Schedule A (Form 990 or 990-EZ) 2019			Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V	gan	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	j tru	st on Nov. 20, 1970 (explai	n ın Part VI). See
instructions. All other Type III non-functionally integrated supporting organ	nizat	ions must complete Section	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		(D) Course at Vena
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1000		
a Average monthly value of securities	1a	Salestonia national at material to and a	Marie and marie and the land and and
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	1150		
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	<u> </u>	
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	10		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	THE STATE OF THE PARTY OF THE PARTY OF	
2 Enter 85% of line 1.	2	Harry Barry	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	1		,
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional			organization (see

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	zations (continued)	
Sect	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	oses of supported orga	ınızations	
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 whic (provide details in Part VI). See instructions.	h the organization is res	sponsive	
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount		,	
Secti	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6	是是自己的學院。即是們这种	認為的議門認即經	
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019	OF A SHEET WAS A SHEET	the and the state of the state	
a	From 2014			
-	From 2015		THE STATE OF THE AN	STATE OF STA
С	From 2016	可是1966年的第三人称单数的第三人称单数的第三人称单数的第三人称单数的第三人称单数的第三人称单数的第三人称单数的第三人称单数的第三人称单数的第三人称单数的		[2] [2] [2] [2] [3] [3] [4] [4] [4] [4] [4] [4] [4] [4] [4] [4
d	From 2017	医过程来是理解分离	問題は対象が	想到你的是不是是
е	From 2018	THE REPORT OF THE PARTY OF THE	為指揮已經是問題	語。特別都經濟學
· f	Total of lines 3a through e		の情報を開発を開発を	经证法的证据的
9	Applied to underdistributions of prior years	非型型。多可能型型性的		问:"那些是这种的人,我们是是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,
h	Applied to 2019 distributable amount	是"不是"。"是是是我们的特别。"	SATISFIES THE SERVICE OF THE SERVICE	
	Carryover from 2014 not applied (see instructions)			The second of th
1_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	15TO AT OF MUNICIPAL TO STATE OF A STATE OF		
4	Distributions for 2019 from Section D, line 7 \$			
а	Applied to underdistributions of prior years	學的學術學	THE RESERVE AND ADDRESS OF THE PARTY OF THE	是在本意思的
b	Applied to 2019 distributable amount	Sales Company of the		TAN SIN AND WAY OF SATISTY AND THE AT
, с	Remainder, Subtract lines 4a and 4b from 4.	34 1	Part of the second second	A PARTY OF THE PAR
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.	CAN ARRAGAN SALAN SALAN	" where there is a little to the said	不多一次 法教别,你是对对
6	Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j and 4c.	Con to the Control of		
8	Breakdown of line 7.	Production of the second	的是是不可能的特別的	"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
а	Excess from 2015 .	問題的學科學可能等	は同語が表現である。	CTATAL ESPECIAL
b	Excess from 2016	認即經濟學學學	的电子图》的话题都可	是的自身基础的操作。于到
С	Excess from 2017	对心,非识别的国际政众区对	企業的所謂的理解的	同的學術的學科學
d	Excess from 2018	是於自然是自然的		THE RESERVE THE PROPERTY OF THE PARTY OF THE
_е	Excess from 2019		4. 经现代证据	是创新的影響。

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

	,

SCHEDULE 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.

OMB No 1545-0047 2019

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization Employer identification number SAWNEE ELEMENTARY PTO 82-1144393 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. ☐ Mail solicitations e Solicitation of non-government grants а Internet and email solicitations ☐ Solicitation of government grants b f ☐ Phone solicitations g Special fundraising events d In-person solicitations 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 (i) Name and address of individual or entity (fundraiser) (iv) Gross receipts from activity (or retained by) fundraiser listed in (II) Activity custody or control of contributions? organization col (i) Yes No 1 2 3 4 5 6 7 Я 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.

Sch	edule G	(Form 990 or 990-EZ) 2019				Page 2
Pa	art II	Fundraising Events. Cor than \$15,000 of fundraising gross receipts greater tha	ng event contributions			
_	_		(a) Event #1 FUN RUN (event type)	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	56919			56919
	2	Less Contributions .			1	
	3	Gross income (line 1 minus line 2)	56919			56919
Direct Expenses	4	Cash prizes	,			
	5	Noncash prizes				
	6	Rent/facility costs				<u> </u>
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses .	24554			24554
	10 11	Direct expense summary. Ad Net income summary. Subtra	•		>	24554 32365
Pa	rt III	Gaming. Complete if th \$15,000 on Form 990-E2	e organization answe			
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Re	1	Gross revenue				
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	_5	Other direct expenses .				
	6	Volunteer labor	☐ Yes% ☐ No	☐ Yes % ☐ No	☐ Yes	
	7	Direct expense summary. Ad	id lines 2 through 5 in co	olumn (d)		
	8	Net gaming income summary	y Subtract line 7 from li	ne 1, column (d)		
	a is	nter the state(s) in which the or the organization licensed to co "No," explain:	onduct gaming activities	in each of these state	s?	Yes No
10	a W					

b If "Yes," explain:

Schedu	ule G (Form 990 or 990-EZ) 2019	Page 3
11	Does the organization conduct gaming activities with nonmembers?	□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?	□No
13	Indicate the percentage of gaming activity conducted in	
а	The organization's facility	%
b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	
	Name ▶	
	Address►	
15a	Does the organization have a contract with a third party from whom the organization receives gaming	
	revenue?	□No
b	the state of the s	
	amount of gaming revenue retained by the third party ▶ \$	
С		
	Name ►	
	Address ►	
16	Gaming manager information:	
	Name ►	
	Gaming manager compensation ► \$	
	Description of services provided ▶	
	□ Director/officer □ Employee □ Independent contractor	
17	Mandatory distributions:	
а		
_	retain the state gaming license?	☐ No
b		
	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 (III) and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional infor See instructions.	(v); and mation.
••••		

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

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
2019
Open to Public

Inspection

Employer identification number

SAWNEE ELEMENTARY PTO 82-1144393 FORM 990-EZ, PART 1, LINE 10, GRANTS DESCRIPTION **AMOUNT BUILDING IMPROVEMENTS** 4255 **CLASSROOM LIBRARIES** 15500 **GRADE LEVEL GRANTS** 6675 1987 SCIENCE LAB TOTAL TO FORM 990-EZ LINE 10 28417 FORM 990-EZ, PART 1, LINE 16, OTHER EXPENSES DESCRIPTION **AMOUNT ADMINISTRATIVE** 5199 AWARDS 1232 4693 HOSPITALITY **FAMILY ENGAGEMENT** 10117 PROGRAM SERVICES 5027 26268 TOTAL TO LFORM 990-EZ, LINE16