

# Treasurer's Resource Guide



## Samples and Forms

# **PTA Vision**

Every child's potential is a reality.

## **PTA Mission**

To make every child's potential a reality by engaging and empowering families and communities to advocate for all children.

## **PTA Purposes**

- To promote the welfare of children and youth in home, school, community and place of worship.
- To raise the standards of home life.
- To secure adequate laws for the care and protection of children and youth.
- To bring into closer relation the home and the school, that parents and teachers may cooperate intelligently in the education of children and youth.
- To develop between educators and the general public such united efforts as will secure for all children and youth the highest advantages in physical, mental, social and spiritual education.

# Treasurer's Guide

## SAMPLES AND FORMS SECTION



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# PLAN OF WORK (Plan de Trabajo)

Officer/Chair Name:(Nombre de Oficial/Presidente de Junta)

Position:  
(Posición)

Year:  
(Año)

*Reproduce as needed for the appropriate number of goals. (Se puede reproducir para metas adicionales.)*

<b>Responsibilities/- Duties:</b> (Responsabilidades)		<b>Committee Members:</b> (Miembros del Comité)	
<b>Goal:</b> (Meta)		<b>Evaluation Process:</b> (Proceso de Evaluación)	

<i>Specific Action Steps</i> (Proceso Especifico de Acción)	<i>Start Date</i> (Fecha de Empiezo)	<i>Completion Date</i> (Fecha de Terminación)	<i>Budget</i> (Presupuesto)
<b>Resources:</b> (Recursos)			

# Equipment/Money Donations Sample Form #1

[Agreement to donate a specific sum of money to the school/district for a specific purpose.]

Agreement between \_\_\_\_\_ PTA and \_\_\_\_\_  
(School/School District)

The \_\_\_\_\_ PTA is donating \$ \_\_\_\_\_ to the \_\_\_\_\_ school/district for the following purpose/purchase(s) of: \_\_\_\_\_.

If this purchase is not made by \_\_\_\_\_, this amount will be returned to the PTA. The PTA  
(Date)

will be provided with a copy of the purchase order or requisition and a copy of the paid invoice.

Signed \_\_\_\_\_ Date: \_\_\_\_\_  
PTA President

\_\_\_\_\_  
Principal/Administrator Date: \_\_\_\_\_

----- *In the case of equipment purchase, also complete the following* -----

The \_\_\_\_\_ PTA is donating money for purchase of the following:

The/these item(s) will become the property of the school. It is to be used for the following purpose(s): \_\_\_\_\_  
\_\_\_\_\_.

The PTA may use the item(s) under the following conditions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

The school will be responsible for maintenance of the item and for providing supplies. In case of loss or theft, the school will be responsible for replacement and agrees to replace the item with a like kind. Any gift given by the PTA is without any future liability protection or guarantees by the PTA.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
PTA President

\_\_\_\_\_  
Principal/Administrator Date: \_\_\_\_\_

\* The PTA membership must provide for any expenditure through a budget adoption/ amendment and a specific vote at a membership meeting. This agreement is void if not ratified by the membership.

# Equipment/Money Donations Sample Form #2

[Capital equipment purchased by the PTA, donated to the school.]

Agreement between \_\_\_\_\_ PTA and \_\_\_\_\_  
(School/School District)

The \_\_\_\_\_ PTA has purchased the following \_\_\_\_\_ and  
is donating it/them to the \_\_\_\_\_ for the following use(s)/purpose(s):  
(School)

\_\_\_\_\_. The \_\_\_\_\_ PTA  
may/may not use the items under the following condition(s): \_\_\_\_\_

\_\_\_\_\_. The school will be responsible for the maintenance of  
the item(s). The school also will be responsible for providing for the safe and continuing operation of the  
item(s). In case of loss or theft, the school will be responsible for replacement and agrees to replace the  
item with a like kind. Any gift given by the PTA is without any future liability protection or guarantees by  
the PTA.

Signed \_\_\_\_\_ Date: \_\_\_\_\_  
PTA President

\_\_\_\_\_ Date: \_\_\_\_\_  
Principal/Administrator

\* The PTA membership must provide for any expenditure through a budget  
adoption/amendment and a specific vote at a membership meeting. This agreement is void if not  
ratified by the membership.

# Equipment/Money Donations Sample Form #3

[For capital equipment purchased by the PTA, ownership to be retained by the PTA, the item to be stored at the school. Example: popcorn popper.]

Agreement between \_\_\_\_\_ PTA and \_\_\_\_\_  
(School/School District)

The \_\_\_\_\_ PTA has purchased the following for its own use: \_\_\_\_\_  
\_\_\_\_\_

This equipment will be stored at \_\_\_\_\_  
(School)

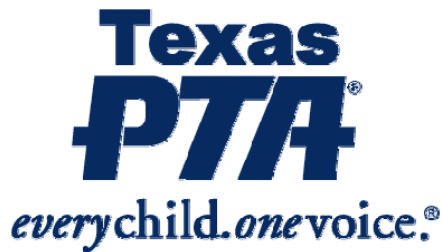
but will remain the property of the PTA.

It may be used only by PTA members or under their supervision. This item may be used by school \_\_\_\_\_  
\_\_\_\_\_ staff and/or \_\_\_\_\_ students. Anyone using the property other than  
the PTA will pay for supplies and maintenance. If the item is damaged when its use occurs outside the  
PTA, then repayment for cost or damage will be required.

Signed \_\_\_\_\_ Date: \_\_\_\_\_  
PTA President

\_\_\_\_\_ Date: \_\_\_\_\_  
Principal/Administrator

\* The PTA membership must provide for any expenditure through a budget  
adoption/amendment and a specific vote at a membership meeting. This agreement is void if  
not ratified by the membership.



## \_\_\_\_\_ PTA/PTSA Records Retention Policy

The \_\_\_\_\_ PTA/PTSA adopted this policy regarding records retention on \_\_\_\_\_ (date). This policy shall be reviewed by the \_\_\_\_\_ PTA/PTSA executive board annually and may only be changed by a majority vote of the association at a membership meeting. This document shall be maintained by the secretary of this PTA.

Description of Record(s)	Manner of Record-Keeping*	Disposition
Accounts payable records		7 years
Annual financial reconciliation reports		Permanent
Articles of Incorporation, if applicable		Permanent
Bank reconciliations		1 year
Bylaws, including all amendments		Permanent
Cash receipt records		7 years
Checks (canceled) (see exception, next line)		7 years
Checks (canceled) for important payments, i.e., taxes, special contracts, etc. (Checks are filed with the papers pertaining to the transaction.)		Permanent
Contracts and leases (expired)		7 years
Contracts and leases still in effect		Permanent
Corporation reports filed with the secretary of state, if incorporated		Permanent
Correspondence with customers or vendors		1 year
Correspondence (general)		3 years
Correspondence (legal)		Permanent
Duplicate deposit slips		1 year
Employee records (post-termination), if applicable		3 years
Employment applications, if applicable		3 years
Ethics/Conflict of Interest Policy	Secretary	Permanent
Equipment owned by the PTA		Permanent
Financial statements (year-end) and budgets		10 years
Grant award letters of agreement		10 years
Insurance records, accident reports, claims, policies, certificates		Permanent
Inventories (products and materials)		7 years
Invoices		7 years
Journals (ledger books)		Permanent
Minute books of board, association and committees		Permanent



Description of Record(s)	Manner of Record-Keeping*	Disposition
PTA charter		Permanent
Purchase orders		7 years
Record retention policy		Permanent
Sales records		7 years
Standing rules (current)		Permanent
Tax-exempt status documents <ul style="list-style-type: none"> <li>▪ Letter assigning IRS Employee Identification Number (EIN)</li> <li>▪ Form 990/990-EZ and Schedules, as filed with IRS</li> <li>▪ State tax information returns, as filed</li> <li>▪ Form 990-T, if applicable, for unrelated business income</li> <li>▪ Correspondence with IRS</li> <li>▪ Other information returns filed with the government</li> </ul>		Permanent
Vouchers for payments to vendors, officers, etc. (includes allowances and reimbursements to officers, members, etc., for travel and other expenses)		7 years

\* The "Manner of Record-Keeping" refers to both the storage location as well as the type of record (electronic or print).

# Non-Signer Review of Bank Statement PTA

Bank Statement Date: \_\_\_\_\_

Date statement reviewed: \_\_\_\_\_

I verify that I have checked this bank statement for the following and have noted any concerns below:

- Checks appearing in non-sequential order
- Checks made out to "cash"
- Checks made payable to non-approved vendors
- Checks written for non-approved expenses
- Missing check numbers
- ATM/Debit/Electronic Transfers
- Checks made out to an individual for an even dollar/cent amount (i.e. \$20.00)
- Transactions on statement verified against financial report(s)

Items of concern: \_\_\_\_\_

\_\_\_\_\_  
Printed Name of Reviewer

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# SAMPLE FINANCIAL RECONCILIATION REPORT

Name of Local PTA \_\_\_\_\_ Date \_\_\_\_\_

Council PTA \_\_\_\_\_ Area PTA # \_\_\_\_\_

Balance on Hand  
(Date of last financial reconciliation) \$ \_\_\_\_\_

Receipts  
(From last financial reconciliation to date of current financial reconciliation) \_\_\_\_\_ \$

Total Cash \$ \_\_\_\_\_

Disbursements  
(From last financial reconciliation to date of current financial reconciliation) \_\_\_\_\_ \$

Balance on Hand  
(Date of financial reconciliation) \$ \_\_\_\_\_

Date of Financial Reconciliation \_\_\_\_\_

We have examined the records of \_\_\_\_\_ PTA and find them to be:

(Choose one of the following)

- correct.
- incomplete.
- substantially correct with the following adjustments:

\_\_\_\_\_  
\_\_\_\_\_

- incorrect.

The following irregularities were found:

\_\_\_\_\_  
\_\_\_\_\_

We make the following recommendations:

\_\_\_\_\_  
\_\_\_\_\_

Financial Reconciliation Committee signatures:

\_\_\_\_\_  
\_\_\_\_\_

Date financial reconciliation completed: \_\_\_\_\_

# Sample Financial Reconciliation Assignments Divided by Three Person Committee

## Committee Member #1

Please place a check by each of the following items that you have for the financial reconciliation.

- |   |                          |   |
|---|--------------------------|---|
| <input type="checkbox"/> Checkbook                            |                          | <input type="checkbox"/> Membership Meeting Minutes         |
| <input type="checkbox"/> Membership Meeting Treasurer Reports | <input type="checkbox"/> | <input type="checkbox"/> Copy of the Executive Board Roster |
| <input type="checkbox"/> Approved & Amended Budget            | <input type="checkbox"/> |   |

### Check list over the checkbook

- |                              |                             |   |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> yes | <input type="checkbox"/> no | check register was kept                   |
| <input type="checkbox"/> yes | <input type="checkbox"/> no | check book was balanced to bank statement |
| <input type="checkbox"/> yes | <input type="checkbox"/> no | checkbook was kept in ink only            |
| <input type="checkbox"/> yes | <input type="checkbox"/> no | corrections were single lined corrected   |

### Check list over membership meeting Treasurer Report

- |                              |                             |  |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> yes | <input type="checkbox"/> no | reports were given at every meeting  |
| <input type="checkbox"/> yes | <input type="checkbox"/> no | beginning balance is the same as last report's ending balance  |
| <input type="checkbox"/> yes | <input type="checkbox"/> no | every deposit was listed on reports (or provided as back-up)   |
| <input type="checkbox"/> yes | <input type="checkbox"/> no | every check and service fee was listed on reports (or provided as backup)  |
| <input type="checkbox"/> yes | <input type="checkbox"/> no | ending cash balance on report can be referenced to checkbook ledger entry  |
| <input type="checkbox"/> yes | <input type="checkbox"/> no | verify that the fund-raising events with total sales brought in and amount paid to company were designated in the financials |

### Check list over membership meeting minutes

- |                              |                             |  |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> yes | <input type="checkbox"/> no | minutes were taken at every meeting  |
| <input type="checkbox"/> yes | <input type="checkbox"/> no | budget was approved by the membership  |
| <input type="checkbox"/> yes | <input type="checkbox"/> no | all fund-raising events were approved by membership (via a budget line item or as an individual motion)  |
| <input type="checkbox"/> yes | <input type="checkbox"/> no | reports by the treasurer were given at every meeting and included in the minutes   |
| <input type="checkbox"/> yes | <input type="checkbox"/> no | proposed budget for new year was approved @ annual meeting   |
| <input type="checkbox"/> yes | <input type="checkbox"/> no | verify that (up to two) tax-free sales dates were designated in the minutes (can be declared in executive board or membership minutes; one or the other) |
| <input type="checkbox"/> yes | <input type="checkbox"/> no | verify quorum was present at all meetings  |

### Check list over the budget and executive board list

- |                              |                             |   |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> yes | <input type="checkbox"/> no | a copy of the executive board is given  |
| <input type="checkbox"/> yes | <input type="checkbox"/> no | a copy of the budget is given   |
| <input type="checkbox"/> yes | <input type="checkbox"/> no | if budget is amended, a copy is given   |
| <input type="checkbox"/> yes | <input type="checkbox"/> no | did a budget line spend more than what was approved; if so was a reasonable explanation given |
| <input type="checkbox"/> yes | <input type="checkbox"/> no | were plans of work given to form the budget   |

## Committee Member #2

Please place a check by each of the following items that you have for the financial reconciliation.

<input type="checkbox"/> Bank Statements	<input type="checkbox"/> Deposits with bank receipts
<input type="checkbox"/> Executive Board Treasurer Reports	<input type="checkbox"/> Executive Board Minutes
<input type="checkbox"/> Treasurer Annual Report	<input type="checkbox"/> <b>Last Financial Reconciliation Report</b>

**Check list over the bank statement**

<input type="checkbox"/> yes	<input type="checkbox"/> no	bank statement was reconciled each month in a timely manner
<input type="checkbox"/> yes	<input type="checkbox"/> no	bank statement was opened, reviewed, initialed and dated by a non-signer on the account appointed by the president
<input type="checkbox"/> yes	<input type="checkbox"/> no	if corrections were made, a reasonable explanation was given
<input type="checkbox"/> yes	<input type="checkbox"/> no	checks had two authorized signatures
<input type="checkbox"/> yes	<input type="checkbox"/> no	payee and authorized signature not the same
<input type="checkbox"/> yes	<input type="checkbox"/> no	checks not made payable to "cash"

**Check list over executive board meeting Treasurer Report**

<input type="checkbox"/> yes	<input type="checkbox"/> no	reports were given at every meeting
<input type="checkbox"/> yes	<input type="checkbox"/> no	beginning balance is the same as last report ending balance
<input type="checkbox"/> yes	<input type="checkbox"/> no	every deposit was listed on reports (or provided as back-up)
<input type="checkbox"/> yes	<input type="checkbox"/> no	every check and service fee was listed on reports (or provided as backup)
<input type="checkbox"/> yes	<input type="checkbox"/> no	ending cash balance on report can be referenced to checkbook ledger entry
<input type="checkbox"/> yes	<input type="checkbox"/> no	verify that the fund-raising events with total sales brought in and amount paid to company were designated in the financials

**Check list over executive board meeting minutes**

<input type="checkbox"/> yes	<input type="checkbox"/> no	minutes were taken at every meeting
<input type="checkbox"/> yes	<input type="checkbox"/> no	budget was approved by the executive board to come as recommendation to the membership
<input type="checkbox"/> yes	<input type="checkbox"/> no	all fund-raising events were approved by executive board to come as recommendation to the membership (via budget line item approval or an individual motion)
<input type="checkbox"/> yes	<input type="checkbox"/> no	reports by the treasurer were given at every meeting
<input type="checkbox"/> yes	<input type="checkbox"/> no	verify that (up to two) tax-free sales dates were designated in the minutes (can be declared in executive board or membership minutes; one or the other)
<input type="checkbox"/> yes	<input type="checkbox"/> no	verify quorum was present at all meetings
<input type="checkbox"/> yes	<input type="checkbox"/> no	verify all plans of work were approved

**Check list over last financial reconciliation and annual report**

<input type="checkbox"/> yes	<input type="checkbox"/> no	a copy of the last financial reconciliation report was given for this financial reconciliation
<input type="checkbox"/> yes	<input type="checkbox"/> no	the annual report was prepared and provided with the financial reconciliation report

**Check list over the deposits**

<input type="checkbox"/> yes	<input type="checkbox"/> no	deposit forms were properly completed with two people counting money
<input type="checkbox"/> yes	<input type="checkbox"/> no	receipt was issued for all deposits with two signatures on receipts
<input type="checkbox"/> yes	<input type="checkbox"/> no	bank deposit receipt was attached to each deposit form
<input type="checkbox"/> yes	<input type="checkbox"/> no	deposits were made in a timely manner with the bank

## Committee Member #3

Please place a check by each of the following items that you have for the financial reconciliation.

_____	Vouchers with receipts	_____	Tax Returns (sales tax and 990)
_____	General Ledger	_____	Bylaws and Standing Rules
_____	Unused Checks and Deposit Slips	_____	Membership List

### Check list over the vouchers

_____ yes	_____ no	a voucher with receipts attached (if available) were present for every check issued; otherwise signed voucher is adequate for reimbursement
_____ yes	_____ no	sales tax was not reimbursed unless specifics designated in bylaws/standing rules
_____ yes	_____ no	vouchers were completely filled out

### Check list over Bylaws and Standing Rules

_____ yes	_____ no	are bylaws current with Texas PTA (updated within last 5 years from date of financial reconciliation)
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### Check list over for General Ledger

_____ yes	_____ no	bound ledger is a running balanced total from the whole year
_____ yes	_____ no	ledger is kept in ink only (or computerized)
_____ yes	_____ no	corrections were single lined corrected (or were duly noted on computer records)
_____ yes	_____ no	if ledger book was used for individual account records, totals of expenses and income were added for the annual report and end of year financial reconciliation

### Check list for Membership list

_____ yes	_____ no	membership dues were paid to Texas PTA
_____ yes	_____ no	dues paid balanced to number of members
_____ yes	_____ no	if there were any life time members, it was clearly marked on the membership list
_____ yes	_____ no	all PTA executive board members paid dues

### Check list for tax returns

_____ yes	_____ no	did a sales tax form get filed with the state Texas Comptroller
_____ yes	_____ no	was sales tax collected when required
_____ yes	_____ no	was the Form 990 filled out correctly
_____ yes	_____ no	did Form 990 get filed with the IRS promptly

### Check list for unused checks and deposit slips

_____ yes	_____ no	all unused checks are presented and accounted for
_____ yes	_____ no	check number for last check issued and first check available in check stock are sequential
_____ yes	_____ no	voided checks are retained in records
_____ yes	_____ no	voided checks were sufficiently modified to eliminate the possibility of clearing the bank
_____ yes	_____ no	deposit slips (or ledger) indicate income category breakdown

# PTA Reimbursement Voucher

Payable to: \_\_\_\_\_ Date needed: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Check requester: \_\_\_\_\_ Date: \_\_\_\_\_  
 Account to Debit: \_\_\_\_\_ Invoice # \_\_\_\_\_

(If your invoice reflects more than one account, please identify each and amount to be deducted from each.)

\_\_\_\_\_  
 \_\_\_\_\_

Item	Place of Purchase	Amount
	Total:	

**(Receipts are attached and sales tax will not be reimbursed)**

Treasurer's Notes:  
 Date Invoice Received: \_\_\_\_\_  
 Plan of Work \_\_\_\_\_ Motion: \_\_\_\_\_  
 Date Approved: \_\_\_\_\_ Paid: \_\_\_\_\_  
 Check Number: \_\_\_\_\_  
 Amount of Check: \_\_\_\_\_

Remarks:

Chair's Authorization: \_\_\_\_\_  
 Treasurer's Signature: \_\_\_\_\_  
 President's Signature: \_\_\_\_\_

**Attach receipt(s)**  
**—SAMPLE—**

# PTA Disbursement Voucher

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Date of request: \_\_\_\_\_ Date check needed: \_\_\_\_\_

Make check payable to: \_\_\_\_\_

Account to be debited: \_\_\_\_\_

(If your invoice reflects more than one account, please identify each and the amount that should be deducted from each). Remember to use the exemption certificate when purchasing items for PTA use. Sales tax is *not* reimbursed.

Item	Place of Purchase	Amount

**Total \$** \_\_\_\_\_

Remarks:

<p><b>Treasurer's Notes:</b></p> <p>Invoice Received: _____</p> <p>Date Paid: _____</p> <p>Check Number: _____</p> <p>Amount: _____</p>
---

**Attach Receipts (s)**



**IRS Tax Exempt Memo  
Internal Revenue Service**

**Department of the Treasury  
P.O. Box 2508  
Cincinnati, OH 45201**

**Date:** January 25, 2001

PTA Texas Congress  
PTA-TX  
408 W 11th St Austin, TX 78701

**Person to Contact:**  
Alvin Gadd 31-07339  
Customer Service Representative

**Toll Free Telephone Number:**  
**8:00 a.m. to 9:30 p.m. EST**  
877-829-5500

**Fax Number:**  
513-263-3756

**Federal Identification Number:** 74-1054403  
**Group Exemption Number:** 1889

Dear Sir or Madam:

We have received your request for affirmation of your organization's tax-exempt status.

Your organization is exempt under section 501 (c)(3) of the Code because it is included in a group ruling issued to PTA Texas Congress, located in Austin, TX.

Individual exemption letters are not available to organizations included in group rulings. The group exemption letter applies to all of the subordinate organizations on whose behalf the PTA Texas Congress has applied for recognition of exemption. If you want a copy of the group exemption letter, please contact your parent organization.

Your organization is required to file Form 990, Return of Organization Exempt from Income Tax, only if its gross receipts each year are normally more than \$25,000. If a return is required, it must be filed by the 15th day of the fifth month after the end of the organization's annual accounting period. The law imposes a penalty of \$20 a day, up to a maximum of \$10,000, when a return is filed late, unless there is reasonable cause for the delay.

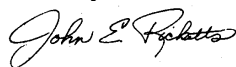
Donors may deduct contributions to your organization as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to your organization or for its use are deductible for federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

The law requires you to make your organization's annual return available for public inspection without charge for three years after the due date of the return. You can charge only a reasonable fee for reproduction and actual postage costs for the copied materials. The law does not require you to provide copies of public inspection documents that are widely available, such as by posting them on the Internet (World Wide Web). You may be liable for a penalty of \$20 a day for each day you do not make these documents available for public inspection (up to a maximum of \$10,000 in the case of an annual return).

PTA Texas Congress PTA-TX 74-1054403

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely,



John E. Ricketts, Director, TE/GE  
Customer Account Services

## Important Information from the Texas Comptroller



June 13, 2011

Ms. Lisa Holbrook  
Treasurer  
Texas Congress of Parents and Teachers  
405 West 11<sup>th</sup> Street  
Austin, Texas 78701-2113

Dear Ms. Holbrook:

Texas Congress of Parents and Teachers has qualified for exemption from Texas *franchise tax* effective March 5, 1923, and from the Texas *sales and use tax* and the *state portion of the hotel occupancy tax* effective Sept. 1, 1975, as an educational organization. Our records have also been updated to show that the organization holds a 501(c)(3) group exemption with Internal Revenue Service (IRS) under GEN# 1889.

The exemptions from franchise tax, sales tax and the state portion of the hotel occupancy, as an educational organization, can also be verified online through our Exempt Search at [http://window.state.tx.us/taxinfo/exempt/exempt\\_search.html](http://window.state.tx.us/taxinfo/exempt/exempt_search.html).

The educational exempt status covers Parent and Teacher Associations (PTAs) that are affiliated members of this parent organization, Texas Congress of Parents and Teachers.

The 501(c)(3) group exemption covers entities that have been recognized by Texas Congress of Parents and Teachers, as subordinate organizations under the group exemption for federal tax purposes.

The organization has a Texas sales and use tax permit, and the Texas Taxpayer Number assigned to the organization is 17410544039. Please reference this number in correspondence with our office. Exempt organizations must collect taxes on most of their sales. Please give our Tax Assistance Section a call at (800) 252-5555 if you have questions about your sales tax responsibilities.

The sales tax exemption extends to goods and services purchased for use by your organization. The exemption does not apply if the purchase is for the personal benefit of an individual, or is not related to the organization's exempt purpose. For more information, please see our Publication # 96-122, *Exempt Organizations – Sales and Purchases*.

A valid sales tax exemption certificate can be issued instead of paying tax when buying taxable items related to the exempt purpose of the organization. The exemption certificate does not need a taxpayer number to be valid, but you may provide the taxpayer number if the seller requests it. The exemption certificate (Form 01-339 /Back) is available online at [www.cpa.state.tx.us/taxinfo/taxforms/01-339.pdf](http://www.cpa.state.tx.us/taxinfo/taxforms/01-339.pdf).

Ms. Lisa Holbrook  
June 13, 2011  
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The educational exemption entitles employees, who are traveling on official business for the organization, to issue a hotel exemption certificate in the name of the organization instead of paying the state portion of the hotel occupancy tax. When individuals or groups of individuals, who are not employees of the organization, travel on its behalf, a hotel occupancy tax exemption certificate may be issued in the name of the organization, but for the hotel occupancy tax exemption to apply, payment must be made with the organization's funds.

The hotel may require a copy of your exemption letter or other verification, such as a printout from our on-line Exempt Search at [http://window.state.tx.us/taxinfo/exempt/exempt\\_search.html](http://window.state.tx.us/taxinfo/exempt/exempt_search.html) that shows the organization is exempt from the hotel occupancy tax. This allows the hotel to accept the exemption certificate in good faith.

The hotel occupancy tax exemption certificate does not need a taxpayer number to be valid, but you may provide the taxpayer number if the hotel requests it. The exemption certificate (Form 12-302) is available online at [www.window.state.tx.us/taxinfo/taxforms/12-302.pdf](http://www.window.state.tx.us/taxinfo/taxforms/12-302.pdf).

Changes to the organization's name, registered agent, and/or registered office address must be filed with the Texas Secretary of State (SOS). The changes can be made online through the SOS website at [www.sos.state.tx.us/corp/sosda/index.shtml](http://www.sos.state.tx.us/corp/sosda/index.shtml) or you can download the forms and instructions from [www.sos.state.tx.us/corp/forms\\_option.shtml](http://www.sos.state.tx.us/corp/forms_option.shtml). You can also contact them at [corpinfo@sos.state.tx.us](mailto:corpinfo@sos.state.tx.us) or by calling (512) 463-5582. It is important to maintain current registered agent information, because this is how we will contact you if we have reason to believe that your organization no longer qualifies for exemption.

Our goal is to provide you with prompt, professional service, and we would appreciate you taking a moment to complete the enclosed survey. If it is more convenient, you may complete our on-line survey at <http://aixtcp.cpa.state.tx.us/surveys/tpsuvr2/index.html>.

Sign up for ongoing e-mail updates concerning any tax or subject for which you are interested. Join an e-mail group online at [www.window.state.tx.us/subscribe](http://www.window.state.tx.us/subscribe).

If you have questions about exemptions from franchise tax, you can write to us at the Exempt Organizations Section, P.O. Box 13528, Austin, Texas, 78711-3528, send an e-mail to [exempt.orgs@cpa.state.tx.us](mailto:exempt.orgs@cpa.state.tx.us), or call us toll-free at (800) 531-5441, extension 3-4142. Publications and other helpful information are online at [www.window.state.tx.us/taxinfo/exempt](http://www.window.state.tx.us/taxinfo/exempt).

Sincerely,



Wanda K. Carter  
Exempt Organizations Section

June 13, 2011

Ms. Lisa Holbrook  
Treasurer  
Texas Congress of Parents and Teachers  
405 West 11<sup>th</sup> Street  
Austin, Texas 78701-2113

Dear Ms. Holbrook:

*Texas Congress of Parents and Teachers*, Taxpayer Number 17410544039, has qualified for exemption from Texas *franchise tax, sales and use tax* and *the state portion of the hotel occupancy tax* as an educational organization. Our records have also been updated to show that the organization holds a 501(c)(3) group exemption with Internal Revenue Service (IRS) under GEN# 1889.

**Entities** that are recognized by Texas Congress of Parents and Teachers as subordinate organizations under the 501(c)(3) group exemption for federal tax purposes, are exempt from the Texas *franchise tax* and *sales and use tax* based on the *501(c)(3) group* exempt status with Internal Revenue Service (IRS).

**Local PTA organizations**, that are affiliated members of the Texas Congress of Parents and Teachers, are also recognized for exemption as *educational* organizations, and therefore, exempt from the Texas *franchise tax, sales and use tax* and *the state portion of the hotel occupancy tax*.

The local PTA organizations and other entities affiliated with the Texas Congress of Parents and Teachers are recognized for exemption from these Texas taxes, based on the 501(c)(3) group exemption status or the educational status, and there is no further application required for these affiliated entities to be entitled to issue valid exemption certificates. However, the organizations are not separately listed on our database, and our office cannot confirm the organization's affiliation, if a vendor asks for such verification.

If the organization wishes to be separately listed on our database and obtain a letter of exemption in its own name, the organization must submit the following documentation.

If the entity is recognized as a subordinate organization under the 501(c)(3) group exemption, and **is not** an affiliated local PTA organization, the entity should complete application Form AP-204 (*for Federal Exemptions and All Others*) and attach a letter of affiliation from the parent organization, Texas Congress of Parents and Teachers. *The letter of affiliation must confirm the organization is covered by the 501(c)(3) group exemption (GEN# 1889) and provide the first date the entity was covered by the 501(c)(3) group exemption.*

If the entity **is** an affiliated local PTA organization, it should complete application Form AP-207 (*for Educational Organizations*) and attach a letter of affiliation from the parent organization, Texas Congress of Parents and Teachers. *The letter of affiliation must confirm the local PTA organization is an affiliated PTA of Texas Congress of Parents and Teachers, as well as an entity covered by the 501(c)(3) group exemption (GEN# 1889), and provide the first date of affiliation for the PTA.*

Ms. Lisa Holbrook  
June 13, 2011  
Page 2

If the affiliated organization is incorporated, or on our database for any other reason, such as previously obtaining a sales tax permit, be sure to include the 11-digit Texas Taxpayer Number on the application.

If the entity is incorporated through the Texas Secretary of State's office, be sure to include the Charter/File Number assigned to the corporation by their office.

Our goal is to provide you with prompt, professional service, and we would appreciate you taking a moment to complete the enclosed survey. If it is more convenient, you may complete our on-line survey at <http://aixtcp.cpa.state.tx.us/surveys/tpsuv2/index.html>.

Sign up for ongoing e-mail updates concerning any tax or subject for which you are interested. Join an e-mail group online at [www.window.state.tx.us/subscribe](http://www.window.state.tx.us/subscribe).

If you have questions about exemptions from franchise tax, you can write to us at the Exempt Organizations Section, P.O. Box 13528, Austin, Texas, 78711-3528, send an e-mail to [exempt.orgs@cpa.state.tx.us](mailto:exempt.orgs@cpa.state.tx.us), or call us toll-free at (800) 531-5441, extension 3-4142. Publications and other helpful information are online at [www.window.state.tx.us/taxinfo/exempt](http://www.window.state.tx.us/taxinfo/exempt).

Sincerely,



Wanda K. Carter  
Exempt Organizations Section

# Texas Hotel Occupancy Tax Exemption Certificate

12-302  
(Rev. 1-04/15)

## TEXAS HOTEL OCCUPANCY TAX EXEMPTION CERTIFICATE



CAROLE KEETON STRAYHORN • TEXAS COMPTROLLER OF PUBLIC ACCOUNTS

**NOTE:** This certificate is for business only, not to be used for private purposes, under penalty of law. The hotel operator may request a government ID, business card or other identification to verify exemption claimed. Certificate should be furnished to the hotel or motel. DO NOT send the completed certificate to the Comptroller of Public Accounts. The certificate does not require a number to be valid. Refer to Hotel Rule 3.161 for exemptions.

Check exemption claimed:

- United States government or Texas government official exempt from state, city, and county taxes.** Includes US government agencies and its employees traveling on official business, Texas state officials or employees who present a Hotel Tax Exemption Photo Identification Card, and diplomatic personnel of a foreign government who present a Tax Exemption Card issued by the US Department of State.
- Religious, charitable, or educational organization or employee exempt from state tax only.** Educational organizations include school districts, private or public elementary and secondary schools, and Texas institutions of higher education as defined in Section 61.003, Texas Education Code. Beginning October 1, 2003, non-Texas institutions of higher education (public and private universities, junior colleges, community colleges) must pay the state hotel occupancy tax. Religious and charitable organizations must hold a letter of exemption issued by the Comptroller of Public Accounts to claim the exemption.
- Other. Organization exempt by law other than Chapter 156, Tax Code.** Specify reason for exempt status below. **Supporting Documentation Required.**

Name of exempt organization	Organization exempt status (Religious, charitable, educational, governmental)
Address of exempt organization (Street and number, city, state, ZIP code)	

**GUEST CERTIFICATION:** I declare that I am an occupant of this hotel/motel on official business sanctioned by the exempt organization named above and that all information shown on this document is true and correct.

Guest name (Please print)

	Date
--	------

**FOR HOTEL/MOTEL USE ONLY (OPTIONAL)**

Name of hotel/motel				
Address of hotel/motel (Street and number, city, state, ZIP code)				
Room rate	Local tax	Exempt state tax	Amount paid by guest	Method of payment

*You have certain rights under Ch. 559, Government Code, to review, request, and correct information we have on file about you. To review or correct your state tax-related information, contact the Texas State Comptroller's office.*

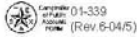
Hotels may require verification before accepting a hotel occupancy tax exemption certificate. An organization may qualify for hotel occupancy tax exemption even when it does not have a Comptroller's letter of hotel tax exemption or cannot be found on the Comptroller's list of exempt organizations. Some examples include churches, public schools, and community colleges.

You may need to pay the tax until verification of hotel tax exemption can be obtained from the Comptroller's office. You can apply to the hotel for a refund or credit.

To receive verification or to apply for exemption, please contact a hotel tax specialist toll free at 1-800-252-1385 or in Austin at 512/463-4600. From a Telecommunications Device for the Deaf (TDD), call 1-800-248-4099 or in Austin 512/463-4621.

You may also visit us online at <http://www.window.state.tx.us/taxinfo/exempt/>. Receive tax help via e-mail at [exempt.orgs@cpa.state.tx.us](mailto:exempt.orgs@cpa.state.tx.us).

# Texas Sales and Use Tax Resale Certificate



## TEXAS SALES AND USE TAX RESALE CERTIFICATE

Name of purchaser, firm or agency	Phone (Area code and number)
Address (Street & number, P.O. Box or Route number)	
City, State, ZIP code	
Texas Sales or Use Tax Permit Number (or out-of-state retailer's registration number or date applied for Texas Permit – must contain 11 digits if from a Texas permit) <small>(Mexican retailers must show their Federal Taxpayers Registry (RFC) number on the certificate and give a copy of their Mexican registration form to the seller.)</small>	

I, the purchaser named above, claim the right to make a non-taxable purchase (for resale of the taxable items described below or on the attached order or invoice) from:

Seller: \_\_\_\_\_

Street address: \_\_\_\_\_

City, State, ZIP code: \_\_\_\_\_

Description of items to be purchased on the attached order or invoice:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Description of the type of business activity generally engaged in or type of items normally sold by the purchaser:

\_\_\_\_\_

\_\_\_\_\_

The taxable items described above, or on the attached order or invoice, will be resold, rented, or leased by me within the geographical limits of the United States of America, its territories and possessions, or within the geographical limits of the United Mexican States, in their present form or attached to other taxable items to be sold.

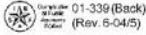
I understand that if I make any use of the items other than retention, demonstration or display while holding them for sale, lease or rental, I must pay sales tax on the items at the time of use based upon either the purchase price or the fair market rental value for the period of time used.

*I understand that it is a criminal offense to give a resale certificate to the seller for taxable items that I know, at the time of purchase, are purchased for use rather than for the purpose of resale, lease, or rental and, depending on the amount of tax evaded, the offense may range from a Class C misdemeanor to a felony of the second degree.*

Purchaser	Title	Date
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This certificate should be furnished to the supplier. Do **not** send the completed certificate to the Comptroller of Public Accounts.

# Texas Sales and Use Tax Exemption Certificate (Blank)



## TEXAS SALES AND USE TAX EXEMPTION CERTIFICATION

Name of purchaser, firm or agency	
Address (Street & number, P.O. Box or Route number)	Phone (Area code and number)
City, State, ZIP code	

I, the purchaser named above, claim an exemption from payment of sales and use taxes (for the purchase of taxable items described below or on the attached order or invoice) from:

Seller: \_\_\_\_\_

Street address: \_\_\_\_\_ City, State, ZIP code: \_\_\_\_\_

Description of items to be purchased or on the attached order or invoice:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Purchaser claims this exemption for the following reason:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I understand that I will be liable for payment of sales or use taxes which may become due for failure to comply with the provisions of the Tax Code: Limited Sales, Excise, and Use Tax Act; Municipal Sales and Use Tax Act; Sales and Use Taxes for Special Purpose Taxing Authorities; County Sales and Use Tax Act; County Health Services Sales and Use Tax; The Texas Health and Safety Code; Special Provisions Relating to Hospital Districts, Emergency Services Districts, and Emergency Services Districts in counties with a population of 125,000 or less.

*I understand that it is a criminal offense to give an exemption certificate to the seller for taxable items that I know, at the time of purchase, will be used in a manner other than that expressed in this certificate and, depending on the amount of tax evaded, the offense may range from a Class C misdemeanor to a felony of the second degree.*

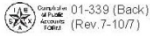
Purchaser 	Title	Date
---------------	-------	------

NOTE: This certificate cannot be issued for the purchase, lease, or rental of a motor vehicle.  
**THIS CERTIFICATE DOES NOT REQUIRE A NUMBER TO BE VALID.**  
 Sales and Use Tax "Exemption Numbers" or "Tax Exempt" Numbers do not exist.

This certificate should be furnished to the supplier. Do **not** send the completed certificate to the Comptroller of Public Accounts.



# Texas Sales and Use Tax Exemption Certificate (Completed)



## Texas Sales and Use Tax Exemption Certification

*This certificate does not require a number to be valid.*

Name of purchaser, firm or agency <b>Terrific Elementary PTA</b>	
Address (Street & number, P.O. Box or Route number) <b>1000 Always Happy Lane</b>	Phone (Area code and number) <b>281-486-0657</b>
City, State, ZIP code <b>Houston, TX 77062</b>	

I, the purchaser named above, claim an exemption from payment of sales and use taxes (for the purchase of taxable items described below or on the attached order or invoice) from:

Seller: \_\_\_\_\_

Street address: \_\_\_\_\_ City, State, ZIP code: \_\_\_\_\_

Description of items to be purchased or on the attached order or invoice:  
**SEE ATTACHED INVOICE**

Purchaser claims this exemption for the following reason:  
**TERRIFIC ELEMENTARY PTA IS A TAX EXEMPT ORGANIZATION UNDER SECTION 501 (C) (3) OF THE INTERNAL REVENUE SERVICE CODE EFFECTIVE JUNE 1, 1960. THE TERRIFIC ELEMENTARY PTA'S FEDERAL EIN IS #74-9999999.**

I understand that I will be liable for payment of all state and local sales or use taxes which may become due for failure to comply with the provisions of the Tax Code and/or all applicable law.

*I understand that it is a criminal offense to give an exemption certificate to the seller for taxable items that I know, at the time of purchase, will be used in a manner other than that expressed in this certificate, and depending on the amount of tax evaded, the offense may range from a Class C misdemeanor to a felony of the second degree.*

Purchaser	Title	Date
-----------	-------	------

NOTE: This certificate cannot be issued for the purchase, lease, or rental of a motor vehicle.  
**THIS CERTIFICATE DOES NOT REQUIRE A NUMBER TO BE VALID.**  
 Sales and Use Tax "Exemption Numbers" or "Tax Exempt" Numbers do not exist.

This certificate should be furnished to the supplier. Do **not** send the completed certificate to the Comptroller of Public Accounts.

**Terrific Elementary PTA  
Proposed Budget  
2011-2012**

<b>BEGINNING CASH BALANCE</b>	<b>\$ 4,000.00</b>
<b>RECEIPTS:</b>	
Cultural Arts Fair	\$ 500.00
Donations	\$ 200.00
Member's Dues @ \$3.00 per person	\$ 900.00
Popcorn Sales	\$ 1,000.00
Pre-Packaged School Supplies	\$ 12,000.00
Recycling Income	\$ 300.00
School Store	\$ 1,500.00
Spirit Item - T Shirts	\$ 2,000.00
Student Directory	\$ 1,500.00
Ways and Means-Fall Festival	\$ 15,000.00
Ways and Means-Spring Sock Hop	\$ 3,000.00
Yearbook	<u>\$ 6,000.00</u>
<b>TOTAL AVAILABLE FUNDS</b>	<b><u>\$ 47,900.00</u></b>
<b>DISBURSEMENTS:</b>	
Arts in Education	
Art Appreciation	\$ 250.00
Reflections	\$ 300.00
Bank Fees	\$ 50.00
Council Dues & Donation:	
Donation	\$ 300.00
Dues	\$ 75.00
Cultural Arts Fair	\$ 1,000.00
DARE	\$ 200.00
Environmental	\$ 280.00
Founders' Day Dinner	\$ 60.00
Health	\$ 50.00
Historian	\$ 300.00
Hospitality (PTA Meetings)	\$ 350.00
Insurance (Bonding, Liability, Officers' & Property)	\$ 600.00
Leadership Training	\$ 1,400.00
Legislative Action	\$ 300.00
Life Membership	\$ 350.00
Membership Drive	\$ 250.00
Newsletter	\$ 500.00
Parent Education & Programs	\$ 700.00
Popcorn Supplies	\$ 200.00
Pre-packaged School Supplies	\$ 12,000.00
PTA Administrative Expenses (Paper & Supplies)	\$ 700.00
School Store	\$ 2,500.00
Science Education	\$ 1,000.00
Spirit Item-T-shirts	\$ 2,360.00
Student Directory	\$ 1,500.00
Teacher Appreciation	\$ 1,200.00
Teacher Scholarships	\$ 400.00
Ways & Means- Fall Festival	\$ 7,000.00
Ways & Means- Sock Hop	\$ 1,400.00
Website Expenses	\$ 600.00
Yearbook	\$ 6,000.00
Youth Protection & Safety	<u>\$ 500.00</u>
<b>TOTAL DISBURSEMENTS</b>	<b><u>\$ 44,675.00</u></b>
<b>Balance to be Carried Forward 2012-2013</b>	<b><u>\$ 3,225.00</u></b>
<b>TOTAL</b>	<b><u><u>\$47,900.00</u></u></b>
Receipts Not Belonging to PTA:	
Sales Tax Escrow Receipts	\$ 350.00
Sales Tax Escrow Payments	\$ 350.00
State & National Dues Escrow Receipts	\$ 1,350.00
State & National Dues Escrow Payments	\$ 1,350.00

**Terrific Elementary PTA  
Financial Report - Membership Meeting  
September 13, 2011**

Beginning Balance July 1, 2011	\$ 6,453.44
Receipts:	
Members Dues (50 @ \$3.00)	\$ 150.00
Popcorn Sales	\$ 130.00
Pre-Packaged School Supplies	\$ 15,695.00
School Store	\$ 310.95
Student Directory	\$ 1,200.00
Ways & Means - Fall Festival	\$ 2,400.00
Total Income	<u>\$ 19,885.95</u>
Disbursements:	
Council Dues & Donation	\$ (375.00)
Check #89 - Superior ISD Council of PTAS (dues)	\$ (75.00)
Check #89 - Superior ISD Council of PTAS (donations)	\$ (300.00)
Hospitality	\$ (26.54)
Check #92 - Goldie Hawn (Tears & Cheers)	\$ (26.54)
Insurance	\$ (565.00)
Check #97 - Association Insurance Management (annual payment)	\$ (565.00)
Leadership Training	\$ (450.00)
Check #87 - Krista Arduz (Texas PTA SLS)	\$ (450.00)
Membership Drive	\$ (54.23)
Check #90 - Miranda Bailey (supplies)	\$ (26.25)
Check #96 - Miranda Bailey (supplies)	\$ (27.98)
Popcorn Supplies	\$ (25.00)
Check #95 - Sam's Wholesale Club (popcorn, butter & bags)	\$ (25.00)
Pre-Packaged School Supplies	\$ (9,417.00)
Check #91 - Shrink Wrap School Supplies (vendor payment)	\$ (9,417.00)
PTA Administrative Expense (Paper & Supplies)	\$ (256.29)
Check #86 - Christina Yang (pictures developed)	\$ (38.27)
Check #87 - Krista Arduz (folders, paper, pens)	\$ (161.25)
Check #93 - Lisa Holbrook (receipt book, cash box)	\$ (56.77)
School Store	\$ (104.79)
Check #94- Raymond Geddes (merchandise)	\$ (104.79)
Ways and Means - Fall Festival	\$ (894.54)
Check #98 - Games R Us (inflatable games)	\$ (894.54)
Website Expense	\$ (600.00)
Check #99 - Constant Contact (annual fee)	\$ (600.00)
Total Expenses	<u>\$ (12,768.39)</u>
Ending Balance September 13, 2011	<u>\$ 13,571.00</u>
Ending Balance September 13, 2011	\$ 13,571.00
Ending Balance State & National Dues Escrow	\$ -
Deposit - 26 R Members	\$ 117.00
Deposit - 24 R Members	\$ 108.00
Check #85 - Texas PTA	\$ (117.00)
Check #88 - Texas PTA	\$ (108.00)
Ending Balance Sales Tax	\$ 25.65
Deposit - Sales Tax Receipts	\$ 14.07
Deposit - Sales Tax Receipts	\$ 7.60
Deposit - Sales Tax Receipts	\$ 19.18
Ending Cash Balance September 13, 2011	<u>\$ 13,596.65</u>

Sample Proposed Budget

Terrific Elementary PTA  
Proposed Amended Budget  
2011 - 2012

(Date of Association meeting)

	Current Period	Actual To Date	Adopted Budget*	Proposed Amendment	Proposed Budget
Beginning Balance	\$ 13,571.00	\$ 6,453.44	\$ 6,453.44		\$ 6,453.44
Receipts					
Cultural Arts Fair			\$ 500.00		\$ 500.00
Donations	\$ 360.00	\$ 360.00	\$ 200.00	\$ 160.00	\$ 360.00
Member's Dues @ \$3.00 per person	\$ 798.00	\$ 948.00	\$ 900.00	\$ 48.00	\$ 948.00
Popcorn Sales	\$ 210.00	\$ 340.00	\$ 1,000.00		\$ 1,000.00
Pre-Packaged School Supplies		\$ 15,695.00	\$ 12,000.00		\$ 12,000.00
Recycling Income	\$ 10.00	\$ 10.00	\$ 300.00		\$ 300.00
School Store	\$ 253.47	\$ 564.42	\$ 1,500.00		\$ 1,500.00
Spirit Item - T Shirts			\$ 2,000.00		\$ 2,000.00
Student Directory	\$ 400.00	\$ 1,600.00	\$ 1,500.00		\$ 1,500.00
Ways and Means-Fall Festival	\$ 17,256.54	\$ 19,656.54	\$ 15,000.00	\$ 342.00	\$ 15,342.00
Ways and Means-Spring Sock Hop			\$ 3,000.00		\$ 3,000.00
Yearbook			\$ 6,000.00		\$ 6,000.00
Total Income	\$ 19,288.01	\$ 39,173.96	\$ 43,900.00	\$ 550.00	\$ 44,450.00
Total Available Funds	\$ 32,859.01	\$ 45,627.40	\$ 50,353.44	\$ 550.00	\$ 50,903.44
Disbursements:					
Arts in Education					\$ -
Art Appreciation			\$ 250.00		\$ 250.00
Reflections			\$ 300.00		\$ 300.00
Bank fees			\$ 50.00		\$ 50.00
Council Dues & Donations:					\$ -
Donation	\$ 300.00	\$ 300.00	\$ 300.00		\$ 300.00
Dues	\$ 75.00	\$ 75.00	\$ 75.00		\$ 75.00
Cultural Arts Fair	\$ 978.00	\$ 978.00	\$ 1,000.00	\$ 250.00	\$ 1,250.00
DARE			\$ 200.00		\$ 200.00
Environmental			\$ 280.00		\$ 280.00
Founders' Day Dinner			\$ 60.00		\$ 60.00
Health			\$ 50.00		\$ 50.00
Historian			\$ 300.00		\$ 300.00
Hospitality (PTA Meetings)	\$ 74.32	\$ 100.86	\$ 350.00		\$ 350.00
Insurance (Bonding, Liability, Officer's & Property)		\$ 565.00	\$ 600.00		\$ 600.00
Leadership Training		\$ 450.00	\$ 1,400.00		\$ 1,400.00
Legislative Action			\$ 300.00		\$ 300.00
Life Membership			\$ 350.00		\$ 350.00
Membership Drive	\$ 195.64	\$ 249.87	\$ 250.00	\$ 50.00	\$ 300.00
Newsletter	\$ 363.24	\$ 363.24	\$ 500.00		\$ 500.00
Parent Education & Programs			\$ 700.00		\$ 700.00
Popcorn Supplies	\$ 56.85	\$ 81.85	\$ 200.00		\$ 200.00
Pre-packaged School Supplies		\$ 9,417.00	\$ 12,000.00		\$ 12,000.00
PTA Administrative Expenses (Paper & Supplies)		\$ 256.29	\$ 700.00		\$ 700.00
School Store		\$ 104.79	\$ 2,500.00		\$ 2,500.00
Science Education			\$ 1,000.00		\$ 1,000.00
Spirit Item-T Shirts			\$ 2,360.00		\$ 2,360.00
Student Directory	\$ 1,500.00	\$ 1,500.00	\$ 1,500.00		\$ 1,500.00
Teacher Appreciation			\$ 1,200.00		\$ 1,200.00
Teacher Scholarships			\$ 400.00		\$ 400.00
Ways & Means- Fall Festival	\$ 5,439.45	\$ 6,333.99	\$ 7,000.00	\$ 250.00	\$ 7,250.00
Ways & Means- Sock Hop			\$ 1,400.00		\$ 1,400.00
Website Expenses		\$ 600.00	\$ 600.00		\$ 600.00
Yearbook			\$ 6,000.00		\$ 6,000.00
Youth Protection & Safety			\$ 500.00		\$ 500.00
Total Expenses	\$ 8,607.50	\$ 21,375.89	\$ 44,675.00	\$ 550.00	\$ 45,225.00
Balance to be Carried Forward 2012-2013	\$ 24,251.51	\$ 24,251.51	\$ 5,678.44	\$ -	\$ 5,678.44
			\$ 50,353.44	\$ 550.00	\$ 50,903.44
State & National Dues Escrow					
Beginning Balance	\$ -	\$ -			
Deposits	\$ 1,197.00	\$ 1,422.00			
Payments	\$ 1,197.00	\$ 1,422.00			
Ending Balance	\$ -	\$ -			
Sales Tax Escrow					
Beginning Balance	\$ 25.65	\$ -			
Deposits	\$ 17.37	\$ 43.02			
Payments	\$ -	\$ -			
Ending Balance	\$ 43.02	\$ 43.02			

\*Adopted September 13, 2011



everychild.onevoice.®

# EIN VERIFICATION FORM

*This form must be returned to Texas PTA by January 31, 2012.*

In order for your Local PTA to be covered by the Texas PTA group exemption, we must submit current information on your behalf to the IRS annually. In order for your Local PTA to be included on our list of subordinate PTAs covered by our group ruling, this form must be completed and returned by January 31, 2012.

PTAs not responding will be subject to income tax, and their donations can not be considered charitable contributions by donors.

If you have any questions, contact the Member Services Department at 1-800-TALK-PTA.

**Unit Name** \_\_\_\_\_ **Unit #** \_\_\_\_\_

**Unit City** \_\_\_\_\_

**School District** \_\_\_\_\_

**Federal Identification #**

		-							
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**Which 990 Form did you file last year?**       990     990EZ     990N

\_\_\_\_\_  
*(President's Signature)*

\_\_\_\_\_  
*(Date)*

\_\_\_\_\_  
*(Treasurer's Signature)*

\_\_\_\_\_  
*(Date)*

**Please return the completed and signed form to:**

**TEXAS PTA**  
**Attn: Member Services Department**  
**408 W. 11th Street**  
**Austin, Texas 78701-2113**

**Terrific Elementary PTA  
Annual Report  
Fiscal Year Ending June 30, 2011**

	Year to Date Actual	Adopted Budget*
Beginning Balance	\$ 2,500.00	\$ 2,500.00
Receipts:		
Cultural Arts Fair	\$ 550.00	\$ 500.00
Donations	\$ 300.00	\$ 300.00
Members' Dues (350 @ \$3.00)	\$ 1,050.00	\$ 900.00
Popcorn Sales	\$ 1,200.00	\$ 1,000.00
Pre-Packaged School Supplies	\$ 13,754.00	\$ 13,000.00
Recycling Income	\$ 300.00	\$ 300.00
School Store	\$ 1,625.95	\$ 1,570.00
Spirit Item - T-shirts	\$ 2,575.00	\$ 2,575.00
Student Directory	\$ 1,800.00	\$ 1,700.00
Ways & Means - Fall Festival	\$ 16,500.00	\$ 15,230.00
Ways & Means - Spring Sock Hop	\$ 3,314.00	\$ 3,200.00
Yearbook	\$ 6,100.00	\$ 6,100.00
Total Income	<u>\$ 49,068.95</u>	<u>\$ 46,375.00</u>
Total Available Funds	<u>\$ 51,568.95</u>	<u>\$ 48,875.00</u>
Disbursements:		
Arts in Education		
Art Appreciation	\$ 250.00	\$ 250.00
Reflections	\$ 275.00	\$ 300.00
Bank Fees	\$ 45.00	\$ 50.00
Council Dues & Donation		
Donation	\$ 300.00	\$ 300.00
Dues	\$ 75.00	\$ 75.00
Cultural Arts Fair	\$ 990.00	\$ 1,000.00
DARE (Drug & Alcohol Education)	\$ 190.00	\$ 200.00
Environmental	\$ 141.00	\$ 280.00
Founders' Day Dinner	\$ 55.00	\$ 60.00
Health	\$ 35.00	\$ 50.00
Historian	\$ 256.51	\$ 300.00
Hospitality (PTA Meetings)	\$ 275.00	\$ 350.00
Insurance (Bonding, Liability, Officers' & Property)	\$ 565.00	\$ 600.00
Leadership Training	\$ 1,377.43	\$ 1,400.00
Legislative Action	\$ 264.32	\$ 300.00
Life Membership	\$ 275.00	\$ 350.00
Membership Drive	\$ 191.26	\$ 250.00
Newsletter	\$ 453.22	\$ 500.00
Parent Education & Programs	\$ 690.00	\$ 700.00
Popcorn Supplies	\$ 174.32	\$ 200.00
Pre-Packaged School Supplies	\$ 11,250.00	\$ 12,000.00
PTA Administrative Expenses (Paper & Supplies)	\$ 515.00	\$ 700.00
School Store	\$ 1,908.79	\$ 2,500.00
Science Education	\$ 926.00	\$ 1,000.00
Special Purchases	\$ 6,495.31	\$ 6,500.00
Spirit Item - T-shirts	\$ 1,985.45	\$ 2,360.00
Student Directory	\$ 1,473.70	\$ 1,500.00
Teacher Appreciation	\$ 1,050.00	\$ 1,200.00
Teacher Scholarships	\$ 365.00	\$ 400.00
Ways & Means - Fall Festival	\$ 4,775.00	\$ 4,800.00
Ways & Means - Spring Sock Hop	\$ 894.54	\$ 1,300.00
Website Expenses	\$ 550.00	\$ 600.00
Yearbook	\$ 5,643.66	\$ 6,000.00
Youth Protection & Safety	\$ 450.00	\$ 500.00
Total Expenses:	<u>\$ 45,160.51</u>	<u>\$ 48,875.00</u>
Balance To Be Carried Forward:	<u>\$ 6,408.44</u>	\$ -
		<u>\$ 48,875.00</u>
Sales Tax Escrow:		
Beginning Balance	\$ -	
Deposits	\$ 346.57	
Payments	\$ 346.57	
Ending Balance	<u>\$ -</u>	
State & National Dues Escrow:		
Beginning Balance	\$ -	
Deposits	\$ 1,328.00	
Payments	\$ 1,328.00	
Ending Balance	<u>\$ -</u>	

\* Adopted May 13, 2011

## Short Form Return of Organization Exempt From Income Tax

2010

Department of the Treasury  
Internal Revenue Service

**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)**

▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

▶ *The organization may have to use a copy of this return to satisfy state reporting requirements.*

Open to Public  
Inspection

**A** For the 2010 calendar year, or tax year beginning July 1, 2010, and ending June 30, 20 11

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

<b>C</b> Name of organization <u>Terrific Elementary PTA</u>	<b>D</b> Employer identification number <u>74-9999999</u>
Number and street (or P.O. box, if mail is not delivered to street address) Room/suite <u>1000 Always Happy Lane</u>	<b>E</b> Telephone number <u>281-486-0657</u>
City or town, state or country, and ZIP + 4 <u>Houston, Texas 77062</u>	<b>F</b> Group Exemption Number ▶ <u>1889</u>

**G** Accounting Method:  Cash  Accrual Other (specify) ▶ \_\_\_\_\_

**H** Check  if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**I** Website: ▶ www.tepta.org

**J** Tax-exempt status (check only one) –  501(c)(3)  501(c) ( ) ◀ (insert no.)  4947(a)(1) or  527

**K** Check  if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ . . . . . ▶ \$ 49069

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)			
		Check if the organization used Schedule O to respond to any question in this Part I . . . . . <input checked="" type="checkbox"/>	
Revenue	<b>1</b> Contributions, gifts, grants, and similar amounts received . . . . .	<b>1</b>	300
	<b>2</b> Program service revenue including government fees and contracts . . . . .	<b>2</b>	550
	<b>3</b> Membership dues and assessments . . . . .	<b>3</b>	1,050
	<b>4</b> Investment income . . . . .	<b>4</b>	
	<b>5a</b> Gross amount from sale of assets other than inventory . . . . .	<b>5a</b>	
	<b>b</b> Less: cost or other basis and sales expenses . . . . .	<b>5b</b>	
	<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	<b>5c</b>	
	<b>6</b> Gaming and fundraising events		
	<b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	<b>6a</b>	
	<b>b</b> Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . . .	<b>6b</b>	21,014
<b>c</b> Less: direct expenses from gaming and fundraising events . . . . .	<b>6c</b>	5,844	
<b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	<b>6d</b>	15,170	
<b>7a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>7a</b>	25,855	
<b>b</b> Less: cost of goods sold . . . . .	<b>7b</b>	22,263	
<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	<b>7c</b>	3,592	
<b>8</b> Other revenue (describe in Schedule O) . . . . .	<b>8</b>	300	
<b>9</b> <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . ▶	<b>9</b>	20,962	
Expenses	<b>10</b> Grants and similar amounts paid (list in Schedule O) . . . . .	<b>10</b>	740
	<b>11</b> Benefits paid to or for members . . . . .	<b>11</b>	
	<b>12</b> Salaries, other compensation, and employee benefits . . . . .	<b>12</b>	
	<b>13</b> Professional fees and other payments to independent contractors . . . . .	<b>13</b>	
	<b>14</b> Occupancy, rent, utilities, and maintenance . . . . .	<b>14</b>	
	<b>15</b> Printing, publications, postage, and shipping . . . . .	<b>15</b>	453
	<b>16</b> Other expenses (describe in Schedule O) . . . . .	<b>16</b>	15861
<b>17</b> <b>Total expenses.</b> Add lines 10 through 16 . . . . . ▶	<b>17</b>	17054	
Net Assets	<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	<b>18</b>	3,908
	<b>19</b> Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .	<b>19</b>	2,500
	<b>20</b> Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>20</b>	
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . . ▶	<b>21</b>	6,408

**Part II Balance Sheets.** (see the instructions for Part II.)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
<b>22</b> Cash, savings, and investments . . . . .	2,500	<b>22</b> 6,408
<b>23</b> Land and buildings . . . . .		<b>23</b>
<b>24</b> Other assets (describe in Schedule O) . . . . .		<b>24</b>
<b>25</b> <b>Total assets</b> . . . . .	2,500	<b>25</b> 6,408
<b>26</b> <b>Total liabilities</b> (describe in Schedule O) . . . . .		<b>26</b>
<b>27</b> <b>Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21) . . . . .	2,500	<b>27</b> 6,408

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III.)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? See supplemental schedule O  
 Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

**Expenses**  
 (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

<b>28</b> <u>Supported the educational process by providing cultural art, drug &amp; alcohol education, environmental, health, advocacy, parent education, special purchases, and youth protection and science programs that benefited the entire school</u> (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>	10,706
<b>29</b> <u>Provided special events such as Fall Festival and Spring Sock Hop to promote parent, teacher and student involvement; benefited school, family and community</u> (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>	5,670
<b>30</b> <u>Provided a low-cost school supply package for every student at Terrific Elementary that was made available to every child at the school; maintained a school store throughout the year for student necessities</u> (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>	13,159
<b>31</b> Other program services (describe in Schedule O) . . . . . (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>	
<b>32</b> <b>Total program service expenses</b> (add lines 28a through 31a) . . . . .	<b>32</b>	29,535

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated. (see the instructions for Part IV.)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Krista Arduz 1000 Always Happy Lane, Houston Texas 77062	President- 3 hours			
Jack Shepherd 1000 Always Happy Lane, Houston Texas 77062	1st Vice President- 1hr			
Kate Austen 1000 Always Happy Lane, Houston Texas 77062	2nd VP- Prog/Parent Ed-1hr			
James Ford 1000 Always Happy Lane, Houston Texas 77062	Secretary- 1 hr			
Lisa Holbrook 1000 Always Happy Lane, Houston Texas 77062	Treasurer- 3 hrs			
Brad Pitt 1000 Always Happy Lane, Houston Texas 77062	Parliamentarian- 1 hr			
Scarlett O'Hara 1000 Always Happy Lane, Houston Texas 77062	Principal- 1 hr			



**Part V Other Information** (Note the statement requirements in the instructions for Part V.)

Check if the organization used Schedule O to respond to any question in this Part V

		Yes	No
<b>33</b>	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O . . . . .		✓
<b>34</b>	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) . . . . .		✓
<b>35</b>	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T.		
<b>a</b>	Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements? . . . . .		✓
<b>b</b>	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year (see instructions)? . . . . .		
<b>36</b>	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 . . . . .		✓
<b>37a</b>	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ <b>37a</b> _____		
<b>b</b>	Did the organization file <b>Form 1120-POL</b> for this year? . . . . .		✓
<b>38a</b>	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? . . . . .		✓
<b>b</b>	If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .	<b>38b</b> _____	
<b>39</b>	Section 501(c)(7) organizations. Enter:		
<b>a</b>	Initiation fees and capital contributions included on line 9 . . . . .	<b>39a</b> _____	
<b>b</b>	Gross receipts, included on line 9, for public use of club facilities . . . . .	<b>39b</b> _____	
<b>40a</b>	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____; section 4912 ▶ _____; section 4955 ▶ _____		
<b>b</b>	Section 501(c)(3) and 501(c)(4) 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 . . . . .		✓
<b>c</b>	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . .		
<b>d</b>	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . .		
<b>e</b>	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. . . . .	<b>40e</b> _____	✓
<b>41</b>	List the states with which a copy of this return is filed. ▶ _____		
<b>42a</b>	The organization's books are in care of ▶ <u>Lisa Holbrook, Treasurer</u> Telephone no. ▶ <u>281-486-0657</u> Located at ▶ <u>1000 Always Happy Lane, Houston Texas</u> ZIP + 4 ▶ <u>77062</u>		
<b>b</b>	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)? . . . . .	<b>42b</b> _____	✓
	If "Yes," enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .		
<b>c</b>	At any time during the calendar year, did the organization maintain an office outside of the U.S.? . . . . .	<b>42c</b> _____	✓
	If "Yes," enter the name of the foreign country: ▶ _____		
<b>43</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <b>43</b> _____		<input type="checkbox"/>
<b>44a</b>	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .	<b>44a</b> _____	✓
<b>b</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 . . . . .	<b>44b</b> _____	✓
<b>c</b>	Did the organization receive any payments for indoor tanning services during the year? . . . . .	<b>44c</b> _____	✓
<b>d</b>	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .	<b>44d</b> _____	

		Yes	No
<b>45</b>	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	<b>45</b>	✓
<b>a</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)	<b>45a</b>	✓
<b>46</b>	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	<b>46</b>	✓

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

		Yes	No
<b>47</b>	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	<b>47</b>	✓
<b>48</b>	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<b>48</b>	✓
<b>49a</b>	Did the organization make any transfers to an exempt non-charitable related organization?	<b>49a</b>	✓
<b>b</b>	If "Yes," was the related organization a section 527 organization?	<b>49b</b>	

**50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

**f** Total number of other employees paid over \$100,000 . . . . ▶ \_\_\_\_\_

**51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

**d** Total number of other independent contractors each receiving over \$100,000 . . . ▶ \_\_\_\_\_

**52** Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A . . . . ▶  **Yes**  **No**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**

Signature of officer \_\_\_\_\_ Date \_\_\_\_\_  
 Krista Arduz, President  
 Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name \_\_\_\_\_ Preparer's signature \_\_\_\_\_ Date \_\_\_\_\_ Check  if self-employed PTIN \_\_\_\_\_  
 Firm's name ▶ \_\_\_\_\_ Firm's EIN ▶ \_\_\_\_\_  
 Firm's address ▶ \_\_\_\_\_ Phone no. \_\_\_\_\_

May the IRS discuss this return with the preparer shown above? See instructions . . . . ▶  **Yes**  **No**

**SCHEDULE A**  
(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. ▶ See separate instructions.

OMB No. 1545-0047

**2010**

**Open to Public Inspection**

Name of the organization

Terrific Elementary PTA

Employer identification number

74-9999999

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, 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.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  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: \_\_\_\_\_
- 5  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.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  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.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  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 that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I      b  Type II      c  Type III—Functionally integrated      d  Type III—Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
  - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
  - (ii) A family member of a person described in (i) above?
  - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Cat. No. 11285F

Schedule A (Form 990 or 990-EZ) 2010

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4 Total.</b> Add lines 1 through 3. . . . .						
<b>5</b> 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). . . . .						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>7</b> Amounts from line 4 . . . . .						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	%
<b>15</b> Public support percentage from 2009 Schedule A, Part II, line 14 . . . . .	<b>15</b>	%
<b>16a 33<sup>1</sup>/<sub>3</sub>% support test—2010.</b> If the organization did not check the box on line 13, and line 14 is 33 <sup>1</sup> / <sub>3</sub> % or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>	
<b>b 33<sup>1</sup>/<sub>3</sub>% support test—2009.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 <sup>1</sup> / <sub>3</sub> % or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>	
<b>17a 10%-facts-and-circumstances test—2010.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>	
<b>b 10%-facts-and-circumstances test—2009.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>	
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .	<input type="checkbox"/>	

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

(Complete only if you checked the box on line 9 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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")					1,350	1,350
<b>2</b> 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 . . . .					47,719	47,719
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . .					49069	49069
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . .						
<b>b</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 . . . .						
<b>c</b> Add lines 7a and 7b . . . .						
<b>8 Public support</b> (Subtract line 7c from line 6.) . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>9</b> Amounts from line 6 . . . .						49069
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . .						
<b>c</b> Add lines 10a and 10b . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . .						49069
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)) . . . .	<b>15</b>	100.00 %
<b>16</b> Public support percentage from 2009 Schedule A, Part III, line 15 . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2010</b> (line 10c, column (f) divided by line 13, column (f)) . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2009</b> Schedule A, Part III, line 17 . . . .	<b>18</b>	%

- 19a 33<sup>1</sup>/<sub>3</sub>% support tests—2010.** If the organization did not check the box on line 14, and line 15 is more than 33<sup>1</sup>/<sub>3</sub>%, and line 17 is not more than 33<sup>1</sup>/<sub>3</sub>%, check this box and **stop here**. The organization qualifies as a publicly supported organization . ▶
- b 33<sup>1</sup>/<sub>3</sub>% support tests—2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33<sup>1</sup>/<sub>3</sub>%, and line 18 is not more than 33<sup>1</sup>/<sub>3</sub>%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶





**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1 Fall Festival (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	<b>1</b> Gross receipts . . . . .	16,500			16,500
	<b>2</b> Less: Charitable contributions . . . . .				
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	16,500			16,500
Direct Expenses	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .				
	<b>7</b> Food and beverages . . . . .				
	<b>8</b> Entertainment . . . . .				
	<b>9</b> Other direct expenses . . . . .	4,775			4,775
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				( 4,775 )
<b>11</b> Net income summary. Combine line 3, column (d), and line 10 . . . . . ▶				11,725	

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	<b>1</b> Gross revenue . . . . .				
Direct Expenses	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
	<b>6</b> Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶				( )	
<b>8</b> Net gaming income summary. Combine line 1, column d, and line 7 . . . . . ▶					

- 9** Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_
- a** Is the organization licensed to operate gaming activities in each of these states? . . . . .  Yes  No
- b** If "No," explain: \_\_\_\_\_
- \_\_\_\_\_
- 10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . .  Yes  No
- b** If "Yes," explain: \_\_\_\_\_
- \_\_\_\_\_



- 11** Does the organization operate 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 operated in:
 

<b>a</b> The organization's facility	<b>13a</b>	%
<b>b</b> An outside facility	<b>13b</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?  Yes  No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_.
- c** If "Yes," enter name and address of 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:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (ii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

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**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

**2010**

**Open to Public  
Inspection**

Name of the organization

Terrific Elementary PTA, 1000 Always Happy Lane, Houston Texas 77062

Employer identification number

74-9999999

Part I, line 8

Other Revenue- Recycling Income \$300

Part I, line 10

Grants and Similar Amounts Paid \$740 - (Teacher Scholarships \$365, Council PTA Dues and Donation \$375)

Part I, line 16 Total Other Expenses:

Cultural Arts \$1,515

DARE (Drug & Alcohol Education) \$190

Environmental \$141

Founders' Day \$55

Health \$35

Historian \$257

Hospitality PTA Meetings \$275

Insurance (Bonding, Liability, Officers' & Property) \$565

Leadership Training \$1,377

Legislative Action \$264

Life Membership \$275

Membership Drive \$191

Parent Education & Programs \$690

PTA Administrative Expenses (Paper/Supplies/Bank fees) \$560

Special Education \$926

Special Purchases \$6,495

Teacher Appreciation \$1050

Web site Expenses \$550

Youth Protection & Safety \$450

TOTAL PART I, LINE 16: \$15,861

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Cat. No. 51056K

Schedule O (Form 990 or 990-EZ) (2010)

Name of the organization Terrific Elementary PTA, 1000 Always Happy Lane, Houston Texas 77062	Employer identification number 74-9999999
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PART III Program Service Accomplishments

Organization's Primary Exempt Purpose: Terrific Elementary PTA provides educational programs, encourages parent involvement and promotes child advocacy of the public elementary school supplementing the curriculum, providing enrichment programs and materials not afforded by the school district

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

### Purpose of Schedule

An organization should use Schedule O (Form 990 or 990-EZ), rather than separate attachments, to provide the IRS with narrative information required for responses to specific questions on Form 990 or 990-EZ, and to explain the organization's operations or responses to various questions. It allows organizations to supplement information reported on Form 990 or 990-EZ.

Do not use Schedule O to supplement responses to questions in other schedules of the Form 990 or 990-EZ. Each of the other schedules includes a separate part for supplemental information.

### Who Must File

All organizations that file Form 990 must file Schedule O (Form 990 or 990-EZ). At a minimum, the schedule must be used to answer Form 990, Part VI, lines 11b and 19. If an organization is not required to file Form 990 or 990-EZ but chooses to do so, it must file a complete return and provide all of the information requested, including the required schedules.

### Specific Instructions

Use as many continuation sheets of Schedule O (Form 990 or 990-EZ) as needed.

Complete the required information on the appropriate line of Form 990 or 990-EZ prior to using Schedule O (Form 990 or 990-EZ).

Identify clearly the specific part and line(s) of Form 990 or 990-EZ to which each response relates. Follow the part and line sequence of Form 990 or 990-EZ.

**Late return.** If the return is not filed by the due date (including any extension granted), use a separate attachment to provide a statement giving the reasons for not filing on time. **Do not use** this schedule to provide the late-filing statement.

**Amended return.** If the organization checked the *Amended return* box on Form 990, *Heading*, item B, or Form 990-EZ, *Heading*, item B, use Schedule O (Form 990 or 990-EZ) to list each part or schedule and line item of the Form 990 or 990-EZ that was amended.

**Group return.** If the organization answered "Yes" to Form 990, line H(a) but "No" to line H(b), use a separate attachment to list the name, address, and EIN of each affiliated organization included in the group return. **Do not use** this schedule. See the instructions for Form 990, *I. Group Return*.

**Form 990, Parts III, V, VI, VII, IX, XI, and XII.** Use Schedule O (Form 990 or 990-EZ) to provide any narrative information required for the following questions in the Form 990.

1. Part III, *Statement of Program Service Accomplishments*.
  - a. "Yes" response to line 2.
  - b. "Yes" response to line 3.
  - c. Other program services on line 4d.
2. Part V, *Statements Regarding Other IRS Filings and Tax Compliance*.
  - a. "No" response to line 3b.
  - b. "Yes" or "No" response to line 13a.
  - c. "No" response to line 14b.
3. Part VI, *Governance, Management, and Disclosure*.
  - a. Material differences in voting rights in line 1a.
  - b. Delegation of governing board's authority to executive committee.
  - c. "Yes" responses to lines 2 through 7b.
  - d. "No" responses to lines 8a, 8b, and 10b.
  - e. "Yes" response to line 9.
  - f. Description of process for review of Form 990, if any, in response to line 11b.
  - g. "Yes" response to line 12c.
  - h. Description of process for determining **compensation** on lines 15a and 15b.
    - i. If applicable, in response to line 18, an explanation as to why the organization did not make any of Forms 1023, 1024, 990, or 990-T publicly available.
    - j. Description of public disclosure of documents in response to line 19.
4. Part VII, *Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors*.
  - a. Estimate of average hours per week, if any, devoted to **related organizations** for which compensation was reported in columns (E) or (F).
  - b. Description of reasonable efforts undertaken in regard to column (E).

5. Explanation for Part IX, *Statement of Functional Expenses*, line 24f (all other expenses), if amount in Part IX, line 24f, exceeds 10% of amount in Part IX, line 25 (total functional expenses).

6. Part XI, *Reconciliation of Net Assets*.

7. Part XII, *Financial Statements and Reporting*.

a. Change in accounting method or description of other accounting method used on line 1.

b. Change in committee oversight review from prior year on line 2c.

c. "No" response to line 3b.

**Form 990-EZ, Parts I, II, III, and V.** Use Schedule O (Form 990 or 990-EZ) to provide any narrative information required for the following questions:

1. Part I, *Revenue, Expenses, and Changes in Net Assets or Fund Balances*.

a. Description of other revenue, in response to line 8.

b. List of grants and similar amounts paid, in response to line 10.

c. Description of other expenses, in response to line 16.

d. Explanation of other changes in net assets or fund balances, in response to line 20.

2. Part II, *Balance Sheets*.

a. Description of other assets, in response to line 24.

b. Description of total liabilities, in response to line 26.

3. Description of other program services in response to Part III, *Statement of Program Service Accomplishments*, line 31.

4. Part V, *Other Information*.

a. "Yes" response to line 33.

b. "Yes" response to line 34.

c. Explanation of why organization did not report unrelated business gross income of \$1,000 or more to the IRS on Form 990-T, in response to line 35.

**Other.** Use Schedule O (Form 990 or 990-EZ) to provide narrative explanations and descriptions in response to other specific questions. The narrative provided should refer and relate to a particular line and response on the form.



**Do not include on Schedule O (Form 990 or 990-EZ) any social security number(s), because this schedule will be made available for public inspection.**

# IRS Form 990-N e-Postcard Instructions 2011

Before filing the PTA's current 2010-2011 tax return, verify that the previous tax returns were filed. Visit the following website to find and view a PTA's e-postcard:

<http://www.irs.gov/app/ePostcard/>

Hint: The quickest and easiest way to perform the search is to enter the 9 digit Employment Identification Number (E.I.N.) and then hit enter.

If the initial search above turned up no results, you may visit [www.guidestar.org](http://www.guidestar.org) using the EIN to do a search for the PTA's past 990 or 990-EZ filings.

If you are unsuccessful in locating prior year returns, then a phone call should be placed to the IRS Exempt Organization Customer Service toll-free number 1-877-829-5500.

## Step 1:

Register to file your 990-N at [epostcard.form990.org](http://epostcard.form990.org) website as an Exempt Organization using the PTA unit's Employer Identification Number. (Note: all local PTA units will see the name "PTA Texas Congress" upon filing. Texas Congress of Parents and Texas Association is the parent (chartering) company and local units exist under its group exemption)

te

Home Support Links Log In

**e-Postcard: file your electronic IRS Form 990-N**

**File your electronic Form 990-N (e-Postcard).**  
Click [here](#) for more information on who must file Form 990-N (e-Postcard)

**NOTICE:** If you are a subordinate organization, be sure to use your own employer identification number (EIN). Do not use the EIN of your parent organization or another subordinate organization.

This system automatically generates the 990-N (e-Postcard) for the organization's most recently ended tax period and will not allow the filing of a prior year e-Postcard. Although filing a prior year e-Postcard is not required by the IRS, a prior year e-Postcard may be filed for a fee through other IRS approved online providers. Click [here](#) for a list of IRS approved providers.

1: [Register as a New User](#)

To file Form 990-N (e-Postcard), you must register and obtain a login ID. Click the link above to request a login ID. If you already have a login ID, either recently created or from a previous year, go to Step 2.

2: [Create your Form 990-N \(e-Postcard\)](#)

Once you have a login ID, you can access the system and create your e-Postcard. Click the link above to begin the process.

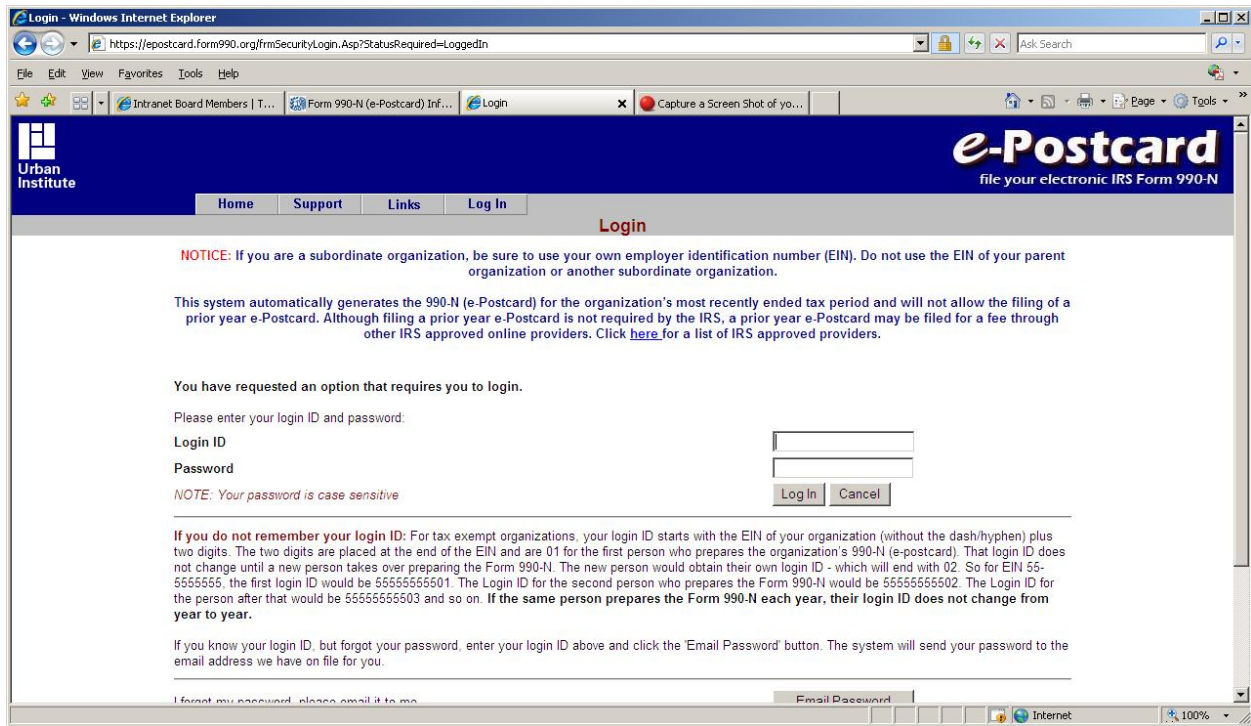
3: [Submit your Form 990-N \(e-Postcard\)](#)

Once you complete your e-Postcard, click the "Submit Filing to IRS" button.

**Quick Links**

- [Register as a New User](#)
- [Update Email/User Info](#)
- [Create New e-Postcard](#)
- [Edit/View Existing e-Postcard](#)
- [Technical Support](#)
- [Frequently Asked Questions](#)
- [Privacy Policy](#)

The Treasurer will input their first and last name, daytime phone number and email address. You will need to create a password that is between six to fifteen characters. We recommend using the local unit's EIN number as the password. Click next. Within in seconds the IRS will automatically send an email (to the email address you input earlier) with a login identification number and a link. Double click the link and it will take you to the 990-N ePostcard form.



## Step 2:

### Page 1-Organizational Information

Line A- This field contains the local PTA’s annual accounting period (fiscal yearend) as shown in IRS records. You cannot change the tax year on this form. If you have changed your fiscal year or if the dates displayed are not in agreement with the PTA’s current adopted bylaws, report this change to:

Internal Revenue Service  
 Attn: EO Entity  
 MS 6273  
 Ogden, Utah 84201

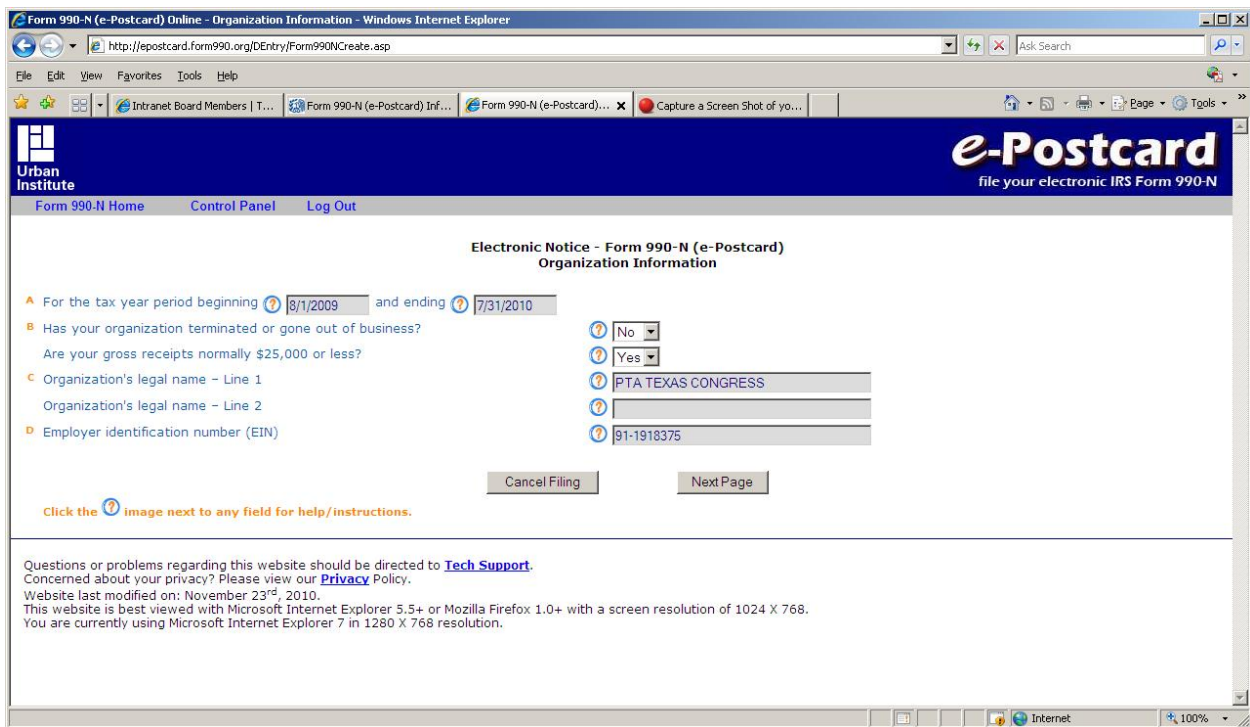
Texas PTA has a sample letter to the IRS that you may download and customize with your PTA’s information at [www.txpta.org](http://www.txpta.org) or you may view a copy of this in the 2011 Treasurer Resource Guide. You will attach to this letter a copy of the current bylaws displaying the PTA’s legal fiscal yearend.

Line B- Has the PTA terminated or gone out of business? (Answer yes or no)

Line B- Are your gross receipts normally \$50,000 or less for 2010-2011 school year?  
 (Note: if you are filing an e-Postcard for previous school years ending 2008, 2009 or 2010 gross receipts must be \$25,000 or less in order to file electronically)

Line C- This field contains “PTA Texas Congress” and may not be changed. Texas Congress of Parents and Texas Association is the legal name of the organization.

Line D- Employer Identification Number (automatically displayed and may not be changed)



## Page 2- Organization Address and Principal Officer Information

Below the top line “PTA Texas Congress” you will enter your local PTA information:

DBA name:	PTA name (as written in bylaws)
In Care of Name:	Treasurer or the name of the person maintain the accounting records
Address:	Use school address
Website:	If applicable, enter web address
Principal Officer:	Input “Business” using the name of PTA (as written in bylaws)
Address	Use school address
Phone number	Use school main phone number

**Electronic Notice - Form 990-N (e-Postcard)**  
**Organization Address and Principal Officer Information**

Save Changes before jumping to another page.

**C** Organization's legal name: **PTA TEXAS CONGRESS**

**C** If your organization conducts business using another name (dba), enter other name:  
 DBA name:   
 DBA name - continued:

**C** In Care of Name:

**C** Organization's mailing address:  
 Country:   
 Number and street (or PO Box) - Line 1:   
 Number and street (or PO Box) - Line 2:   
 City or town:   
 State:   
 Zip code:

**E** Organization's website address, if applicable:

**F** Principal Officer:

After all required fields are completed, click save or “submit filing to IRS”. You will see the screen below if you submitted the return successfully.

After the IRS receives and processes epostcard you will receive an email (sample below) indicating whether your e-Postcard was accepted or rejected. If accepted you are done for the year. If rejected please contact the Finance Director at Texas PTA by calling 1-800-TALKPTA.

Organization: PTA TEXAS CONGRESS

EIN: 91-1918375

Submission Type: Form 990-N

Year: 2009

Submission ID: 7800582011090cx37274

e-File Postmark: 3/31/2011 12:59:16 PM

Accepted Date: 3/31/2011

The IRS has accepted the e-Postcard described above. Please save this receipt for your records.

Thank you for filing.

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 e-Postcard technical support  
 Phone: 866-255-0654 (toll free)  
 email: ePostcard@urban.org  
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PTA TEXAS CONGRESS  
 408 West 11th Street  
 Austin, TX 78701



**Texas Congress of PTAs**  
**PTA Local PTA # \_\_\_\_\_**  
**9921 Some St.**  
**Dallas, TX 75238-0222**

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EIN# 75-6062144  
Form 990  
Tax Period May 31, 2010  
Penalty Assessed for Late Filing

As Treasurer of the \_\_\_\_\_ PTA, I respectfully request that the penalty assessed against the PTA for late filing of Form 990 be abated. The Parent Teacher Association is staffed entirely by volunteers. As one of the volunteers, I was unaware of the tax-filing deadline for the tax year ending May 31, 2010. Only after I attended a training session did I realize that our Local PTA was required to complete the return. I have now placed it into our year end procedures, so that this will not happen again. The penalty would be a burden to our organization because our fundraising monies are used by our elementary school to provide programs, purchase supplies, equipment, etc., that the school would not otherwise have available. Therefore, we do not have funds available to cover this penalty.

I thank you in advance for any assistance that you may be able to provide to have this penalty abated.

Sincerely,

Miss Money, Treasurer  
\_\_\_\_\_ Elementary PTA

# Sample Year End Sales Tax Report

## Sales Tax Status

Every outgoing treasurer prepares a report to leave with the incoming treasurer detailing any outstanding tax liability. The following example includes all the information the new treasurer would need from the outgoing treasurer in order to complete the annual sales tax return.

Terrific Elementary PTA  
Sales Tax Report  
January 1, 2011 - June 30, 2011

Fundraisers Held from January 1, 2011 to June 30, 2011					
Date (s)	Event	Total Sales	Taxable Sales	Tax Collected	Designation
January 1, 2011 - June 30, 2011	School Store Sales	\$ 617.19	\$ 617.19	\$ 50.92	Taxable
January 1 - June 3, 2011	Spirit Shirts	\$ 440.00	\$ 440.00	\$ 36.30	Taxable
January 8 - May 23, 2011	Popcorn Sales	\$ 775.00	\$ -	\$ -	Non-Taxable
February 25 - May 15, 2011	Yearbook	\$ 6,100.00	\$ -	\$ -	Non-Taxable
Total Sales January 1 - June 30, 2011		\$ 7,932.19	\$ 1,057.19	\$ 87.22	

# Itemized Receipt Form

(To be used when giving funds to Treasurer)

Event \_\_\_\_\_ Date \_\_\_\_\_

Chair \_\_\_\_\_ Phone No. \_\_\_\_\_

Person completing form \_\_\_\_\_ Phone No. \_\_\_\_\_  
 (Please make sure that there are always 2 people counting money to protect the reliability of the count)

Total of checks (attach a tape/written account) \$ \_\_\_\_\_

Bills	#	Amount
\$100		
\$50		
\$20		
\$10		
\$5		
\$2		
\$1		
<b>Total</b>		

Total Bills \$ \_\_\_\_\_

Coins	#	Amount
Dollar		
50 Cent		
Quarters		
Dimes		
Nickels		
Pennies		
<b>Total</b>		

Total Coins \$ \_\_\_\_\_

Total Cash \$ \_\_\_\_\_

Total Deposit \$ \_\_\_\_\_

Counter's Signature \_\_\_\_\_

Counter's Signature \_\_\_\_\_ Date \_\_\_\_\_

Received by Treasurer \_\_\_\_\_ Date \_\_\_\_\_

(WHEN TURNING IN A DEPOSIT, PLEASE ALLOW TIME FOR ANOTHER COUNT OF THE TOTAL DEPOSIT SO A RECEIPT CAN BE GIVEN TO THE PERSON TURNING IN THE DEPOSIT)





# Sample Letter for Collection of a Returned Check

Any PTA  
PTA Address  
City, Texas ZIP  
Name , Telephone

**DATE**

**CHECK WRITER  
ADDRESS  
CITY, TX. ZIP**

Dear Mr. (Mrs.) **NAME**,

The following check(s) issued by you, was returned by the bank:

Check:	<b>NUMBER</b>
Dated:	<b>DATE</b>
Amount:	<b>\$ 0.00</b>
Reason for return:	<b>CHOSE ONE (Insufficient funds, Account Closed, etc.)</b>

The issuance of such a check is a violation of the Texas Penal Code for which you may be arrested, tried and if convicted, receive a fine and/or imprisonment.

This is a demand for payment in full for a check or order not paid because of lack of funds or insufficient funds. If you fail to make payment in full within ten (10) days after the date of receipt of this notice, the failure to pay creates a presumption for committing an offense, and this matter will be referred for criminal prosecution.

This is to advise you that if the check(s) is/are not paid off within ten (10) days after receipt of this letter, I will have no alternative but to file a complaint for prosecution. Please mail a money order, or cashiers' check in the amount of **\$ 0.00 (\$ 0.00-check, and \*25.00 for return check charge)**, to the above address. I will mail your check(s) after I have received payment in full. If you have any questions, you may contact me at **TELEPHONE**.

I trust this is all that will be necessary in the premises.

Sincerely,

**NAME**  
Treasurer

\*\*\*Notes \*\*\*

\* Please note you must give advance notice of a return check charge. A PTA can charge no more than the current maximum return check fee established by the financial institution where the PTA bank account resides. It is recommended to request driver's license numbers on all checks.

Send the letter and a copy of the check, (certified - return receipt requested) to the check writer. Keep the stamped green receipt for proof of certification. The 10 days begins on the day they receive the letter. If the check is not paid by cash or money order within 10 days, complete an Affidavit of Issuance of Bad Check and turn over to the Justice of the Peace. Keep copies of all items in your file!



## Field Trips

Many PTAs are involved in field trips. Some PTAs transport students in their members' personal autos, some pay charter companies to provide transportation and others pay the school to use their buses and drivers. We have put together a Q&A to address questions you may have about field trips. The Q&A has been reviewed by the legal department of OneBeacon Insurance Company.

**Question 1:** Should PTAs gift money to the school for the purposes of paying for field trips?

**Answer:** Texas PTA recommends that when any money is gifted to the school the appropriate contract should be completed and signed by the PTA President and Principal after the expenditure has been approved by the membership

**Question 2:** Could a PTA be held liable if the money is gifted and there is an accident involving a vehicle?

**Answer:** In a litigious society, there is never a guarantee a PTA will be held liable or not. However, if a PTA gifts money to a school district for field trips, it significantly reduces, not negates, the threat of liability.

**Question 3:** Is there a risk to giving money for field trips?

**Answer:** If there is an accident involving a vehicle and the PTA or any of its members are named in a law suit there may not be liability insurance coverage available to protect the PTA or its members in the event they are found negligent or for expenses attributable to the defense of such lawsuit.

**Question 4:** If our PTA has general liability coverage with AIM will the PTA and its members be covered against a law suit involving a vehicle accident?

**Answer:** The insurance company will make a claim determination, based on the facts and circumstances of the claim and the applicable policy provisions. The general liability policy that AIM makes available to PTAs has an exclusion for bodily injury arising out of the ownership, maintenance, use or entrustment to others of any aircraft, auto, or watercraft owned or operated by or rented or loaned to any insured.

**Question 5:** If our PTA has medical accident insurance with AIM will the PTA and its members be covered for a transportation accident?

AIM . Dallas, Texas. (800) 876-4044. Fax (214)360-0802  
[www.aim-companies.com](http://www.aim-companies.com)

**Answer:** Once again, the insurance company will make a claim determination, based on the facts and circumstances of the claim and the applicable policy provisions. The accident medical coverage that AIM makes available to PTAs will pay for medical bills related to bodily injury arising out of the ownership, maintenance, use or entrustment to others of any aircraft, auto, or watercraft owned or operated by or rented or loaned to any insured. Note: The accident medical coverage only provides payment for medical bills and “does not” provide coverage for law suits.

**Question 6:** If the PTA uses a gifting letter should the gifting letter specifically say that the money is to be used for the buses?

**Answer:** In the case of field trips the gifting contract should indicate the money is for field trips and not for buses or transportation. If the PTA specifies the money is to be used for the buses then there is a possibility the PTA can be linked to providing the transportation and possibly be named in a law suit. If the PTA does not specify the money be used for transportation but for field trips the PTA further distances itself from being named in a law suit.

**Question 7:** Is there any insurance policy a PTA can purchase to protect the PTA and its members from a law suit involving a vehicle accident?

**Answer:** To our knowledge, there is not a policy the PTA can buy to protect the PTA from a law suit involving a vehicle.

**Question 8:** If the PTA is transporting students with a member’s automobile will the PTA be covered for liability under the member’s personal auto policy?

**Answer:** Assuming the parents volunteering their auto have auto liability coverage the parent/owner of the vehicle would have coverage for a law suit involving a vehicle accident but not the PTA.

**Question 9:** Can a PTA ask to be added as an additional insured on the auto policy of a charter company?

**Answer:** The PTA can ask to be added but it’s up to the insured or their insurance company as to whether they will add the PTA and its members.

This document is not a guarantee of insurance coverage. Please make sure to read your insurance policy carefully as the policy is the only document that provides the applicable terms, provisions, limits, and coverages.

If you have other questions contact our office at 1-800-876-4044.

AIM . Dallas, Texas. (800) 876-4044, Fax (214)360-0802  
[www.aim-companies.com](http://www.aim-companies.com)



# Crossing Guards and PTA

This Q&A has been reviewed by the legal department of OneBeacon Insurance Company.

**Question 1:** Should PTAs gift money to the school for the purposes of paying for crossing guards?

**Answer:** Texas PTA recommends that when any money is gifted to the school the appropriate contract should be completed and signed by the PTA President and Principal after the expenditure has been approved by the membership

**Question 2:** Could a PTA be held liable if the money is gifted and there is an accident involving crossing guards?

**Answer:** In a litigious society, there is never a guarantee a PTA will be held liable or not. However, if a PTA gifts money to a school district for crossing guards, it significantly reduces, not negates, the threat of liability.

**Question 3:** Are there risks to giving money for crossing guards?

**Answer:** If there is an accident involving a vehicle and the PTA or any of its members are named in a law suit there may not be liability insurance coverage available to protect the PTA or its members in the event they are found negligent or for expenses attributable to the defense of such lawsuit.

**Question 4:** If our PTA has general liability coverage with AIM will the PTA and its members be covered against a law suit involving a vehicle accident?

**Answer:** The insurance company will make a claim determination, based on the facts and circumstances of the claim and the applicable policy provisions. The general liability policy that AIM makes available to PTAs has exclusion for bodily injury arising out of the ownership, maintenance, use or entrustment to others of any aircraft, auto, or watercraft owned or operated by or rented or loaned to any insured.

**Question 5:** If our PTA has medical accident insurance with AIM will the PTA and its members be covered for a crossing guard accident?

**Answer:** Once again, the insurance company will make a claim determination, based on the facts and circumstances of the claim and the applicable policy provisions. The accident medical coverage that AIM makes available to PTAs will pay for medical bills related to bodily injury arising out of the ownership, maintenance, use or entrustment to others of any aircraft, auto, or watercraft owned or operated by or rented or loaned to any insured. Note: The accident medical coverage only provides payment for medical bills and "does not" provide coverage for law suits.

**Question 6:** Is there any insurance policy a PTA can purchase to protect the PTA and its members from a law suit involving a vehicle accident?

**Answer:** To our knowledge, there is not a policy the PTA can buy to protect the PTA from a law suit involving a vehicle.

**This document is not a guarantee of insurance coverage. Please make sure to read your insurance policy carefully as the policy is the only document that provides the applicable terms, provisions, limits, and coverages.**

**If you have other questions contact Kay Murphy of AIM Company at 1-800-876-4044.**



# Natural Disaster Relief Grant Application

Texas PTA Natural Disaster Relief Grants, of up to \$500.00 each, are awarded to Local and Council PTAs within Texas that are recovering from the effects of a recent natural disaster. Application and support materials must be mailed to: Texas PTA Natural Disaster Relief Grant Fund, 408 West 11<sup>th</sup> Street, Austin, Texas 78701. Applicants will be notified within ten (10) business days from the date the application is received.

For more information, contact the Texas PTA Director of Finance at 1-800-TALK-PTA.

PTA Name \_\_\_\_\_

PTA President \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Telephone \_\_\_\_\_ Email \_\_\_\_\_

If a Local PTA:

Unit # \_\_\_\_\_ Current Membership \_\_\_\_\_

Council Name \_\_\_\_\_ Area PTA # \_\_\_\_\_

Have you received funds from this grant before?  Yes  No  Unknown

If yes, when? \_\_\_\_\_

Date and cause of current damage \_\_\_\_\_

Check the needs your PTA is currently experiencing:

- Recruitment of Officers
- PTA Officer Training
- Leadership Training for Members
- Motivational or Other Programs for Students
- Other (please explain) \_\_\_\_\_
- Parent Education Programs
- Clothes Closet
- School Supply Closet
- Library Books

Explain the conditions your PTA is currently experiencing:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Explain the financial hardship your PTA is experiencing due to the natural disaster.

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Briefly explain how you intend to use this grant.

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Timeline for implementing your plan:

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Methods to be used to evaluate your plan:

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The \_\_\_\_\_ PTA fully understands that if we are recipients of a Texas PTA Disaster Relief Grant, the money shall not be used for other programs or activities except for those listed on this application form. It is also understood that a written evaluation of our efforts within 90 days of the receipt of the grant money will be due to Texas PTA. Since our project may not be completed within the first 90 days, we know we may be asked to give additional follow-up evaluations. All evaluations are to be sent to Texas PTA, 408 West 11<sup>th</sup> Street, Austin, Texas 78701, Attention: Director of Finance.

\_\_\_\_\_  
PTA President

\_\_\_\_\_  
Date

\_\_\_\_\_  
PTA Secretary

\_\_\_\_\_  
Date

For more information, contact the Director of Finance at 1-800-TALK-PTA.

# Texas PTA Emergency Needs Relief Fund



## TEXAS PTA EMERGENCY NEEDS RELIEF FUND

### Information for Grant Assistance

#### **PURPOSE OF THE FUND**

In its desire provide assistance to members in temporary crisis who have suffered economic hardship, Texas PTA established the Texas PTA Emergency Relief Fund in 1995. This fund is used to provide emergency assistance grants for victims of natural disasters, catastrophic illness and accidents. Financial aid is provided only to the **truly needy** and is consistent with the need.

#### **SOURCE OF FUNDING**

Funding comes from tax-deductible donations from individuals and PTAs. Contributions should be sent to Texas PTA, 408 W. 11th St., Austin, Texas 78701-2113, Attn: Emergency Relief Fund. Contributions may **not** be earmarked for a specific recipient.

#### **WHO IS ELIGIBLE FOR A GRANT?**

All PTA members and their immediate families are eligible to apply for a grant. "Immediate families" includes the applicant's spouse, children, stepchildren, brothers, sisters, father or mother – if all live in one household. Applications may be submitted to the Texas PTA Emergency Relief Committee by either an individual or a PTA on behalf of one of its members. Submitting an application does not require a vote by the Local PTA executive board or body but does require the signature of the Local PTA president.

#### **WHO OVERSEES THE FUND?**

The fund is administered by a subcommittee of the Budget and Finance Committee, chaired by the Texas PTA Treasurer. A minimum of three persons will make decisions for the committee. The committee is under no obligation to pay an applicant. There is no guarantee that funds will be available for grant to be made at any particular time. Committee members serve without compensation and are not eligible to benefit from the fund while they serve on this committee.

#### **HOW ARE GRANT APPLICATIONS PROCESSED?**

Applications are submitted to the Texas PTA Office. Within 10 business days of receipt of the application in the Texas PTA Office, the committee will reach a decision concerning the grant, and the applicant will be notified in writing. **All** information supplied by a grant applicant remains confidential

#### **HOW ARE GRANTS AWARDED?**

Awards are based upon expenses incurred and on a combination of factors such as hospital bills and medicines, insurance availability, number of dependents and family income. Although each request is considered on a case-by-case basis, eligibility is generally based on family income including any financial assistance such as AFDC, unemployment compensation, workers compensation, or general assistance. Contact your Local PTA for more details.

#### **HOW ARE GRANTS PAID?**

Grants will be paid on a one-time basis for each qualifying household. Grants will be paid to the service provider, such as a hospital, mortuary or to a grocery or department store. Maximum grant amounts will be established for each grant on a monthly basis with defined standards for payment. For more information, contact the Texas PTA Office at 1-800-TALK-PTA or (512) 476-6769. The website address is [www.txpta.org](http://www.txpta.org).

TEXAS PTA EMERGENCY NEEDS RELIEF FUND



Application for Grant Assistance

- 1. If you qualify for a grant, you must mail a copy of the latest IRS Form 1040 or 1040A tax return with this application as proof of income. If other family members are employed and they file separately, you also must include a copy of their latest Form 1040 or 1040A. Not including this information will only delay the process. W-2 forms cannot be accepted
2. Type or print clearly.
3. Please fill in all the blanks. The information is important and your application cannot be processed unless you answer all the questions. If you have any questions, please contact the Texas PTA Office at (512) 476-6769 or 1-800-TALK-PTA.
4. After you have completed the application, please send it to the Texas PTA Office, 408 W. 11th Street, Austin, Texas 78701-2199.
5. You will receive notice in writing when the application is considered.
6. Funds are never paid directly to the recipient. All applications should include a copy of the bills the recipient is requesting to be paid.
7. As funds are limited, grants may be made for only a portion of your request.

NAME: \_\_\_\_\_
ADDRESS: \_\_\_\_\_
CITY/ZIP CODE: \_\_\_\_\_
COUNTY: \_\_\_\_\_
HOME TELEPHONE: \_\_\_\_\_
WORK TELEPHONE: \_\_\_\_\_
EMAIL: \_\_\_\_\_
PTA NAME/UNIT #: \_\_\_\_\_
CITY: \_\_\_\_\_
DATE OF MEMBERSHIP: \_\_\_\_\_

Reason applying for grant (please check one):

- Natural Disaster
Fire
Flood
Hurricane
Tornado
Other (please specify)
Catastrophic Illness: (must be specific)
Accident (must be specific)

List payees and amount of each payment you are requesting: \_\_\_\_\_

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Total amount applied for: \_\_\_\_\_

Will you be asking for assistance from other organizations? If so, who? \_\_\_\_\_

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Number of persons (adult & children) in household. \_\_\_\_\_

Number of persons employed in household. \_\_\_\_\_

Does your family have medical insurance?  Yes  No

Does your family have disability insurance?  Yes  No

Print or Type Name of Local PTA President: \_\_\_\_\_

Signature of Local PTA President: \_\_\_\_\_

How did you learn about the Texas PTA Emergency Needs Relief Fund? \_\_\_\_\_

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Texas PTA  
408 West 11th Street  
Austin, Texas 78701-2133  
512-476-6769 or 1-800-TALK-PTA  
FAX: 512-476-8152  
[www.txpta.org](http://www.txpta.org)

Item #L-6312  
Revised June 2011

This item is for PTA use only.