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DLN: 93492313005147

# **Short Form Return of Organization Exempt From Income Tax**

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

OMB No 1545-1150

Open to Public

Form **990-EZ** 

Department of the Treasury

▶ Do not enter social security numbers on this form as it may be made public. ▶ Information about Form 990-EZ and its instructions is at <u>www.irs.gov/form990</u>.

		evenue Service				
		the 2015 calendar year, or tax year beginning 07-01-2015 , and ending 06-30-20  If applicable C Name of organization	16	D. Francisco		
_		If applicable C Name of organization EAGLE VIEW ELEMENTARY SCHOOL PTA				entification number
_		change Number and street (or P O box, if mail is not delivered to street address) Room/suite	3	03-060: ETelephon		hor
<u> </u>	Initial re	AFOO DIVITE LITTLE BOAD				
	Fınal re	eturn/terminated				378-2533
·		led return  City or town, state or province, country, and ZIP or foreign postal code FAIRFAX, VA 22030		<b>F</b> Group Ex Number	emptio	on
·	Applicat	ntion pending				
I W	/ebsit	te:   www.eves.my.pta.org	required	✓ If the to attach 90,990-E	Sche	
J Ta	x-exer	mpt status(check only one) - √501(c)(3) 501(c)( ) ◀(insert no ) 4947(a)(1) or 527				
<b>K</b> F	orm o	of organization Corporation Trust Association Other				
		nes 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 w) are \$500,000 or more, file Form 990 instead of Form 990-EZ	or more, or i	f total ass ►\$59	•	·
P	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances Check if the organization used Schedule O to respond to any question in this Part I	<b>s</b> (see the in	structions	for P	art I)
_	Τ.	Contributions, gifts, grants, and similar amounts received			1	
	1					3,462 53,840
	2	Program service revenue including government fees and contracts			2	
	3	Membership dues and assessments			3	2,050
	4	Investment income	 - I		4	47
٠.	5a	·	5a	0		
Revenue	ь	·	5b	0	_	
υΛυ	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)			5c	
ž	6	Gaming and fundraising events	I			
	а	Gross income from gaming (attach Schedule G if greater than \$15,000)	ба			
	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)	6b	0		
	С	Less direct expenses from gaming and fundraising events	6c	0		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subj	tract line 6c	)	6d	
	7a	Gross sales of inventory, less returns and allowances	7a			
	b	Less cost of goods sold	7b	0		
	С	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) $\cdot \cdot \cdot$			<b>7</b> c	
	8	Other revenue (describe in Schedule O)			8	549
	9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		•	9	59,948
	10	Grants and similar amounts paid (list in Schedule O)			10	
	11	Benefits paid to or for members			11	
	12	Salaries, other compensation, and employee benefits			12	
Ş	13	Professional fees and other payments to independent contractors			13	1,027
ยาร	14	Occupancy, rent, utilities, and maintenance			14	
Expenses	15	Printing, publications, postage, and shipping			15	620
-	16	Other expenses (describe in Schedule O)			16	61,819
	17	Total expenses. Add lines 10 through 16		•	17	63,466
<u> </u>	18	Excess or (deficit) for the year (Subtract line 17 from line 9)			18	-3,518
356	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agre	e with			
Net Assets		end-of-year figure reported on prior year's return)			19	20,750
ž	20	Other changes in net assets or fund balances (explain in Schedule O)			20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20		. •	21	17,232
_						

Part II	Balance Sheets (see the instruct Check if the organization used Sched	•	ny question in th	ıs Par	t II		
			Γ	(A) F	Beginning of year		(B) End of year
<b>22</b> Cash,	savings, and investments			(A) !	20,750	22	17,232
	and buildings				,	23	,
24 Other	assets (describe in Schedule O)					24	
25 Total	assets				20,750	25	17,232
	liabilities (describe in Schedule O )					26	
27 Net as	ssets or fund balances (line 27 of colum	n (B) <b>must</b> agree with	line 21) [		20,750	27	17,232
Part III	Statement of Program Servi Check if the organization used Sched						Expenses equired for section 501 (3) and 501(c)(4)
	e organization's primary exempt purpos DE ENRICHMENT SUPPORT TO TEA		NTS OF EAGLE V	/IEW	ELEMENTARY	org	ganizations, optional for ners)
measured l benefited, a	he organization's program service acco by expenses In a clear and concise ma and other relevant information for each	anner, describe the se					
28 See Additio	onal Data Table						
(Grants \$	) If this amou	ınt ıncludes foreıgn gr	ants, check here		▶ ┌	28a	
29					·		
(Grants \$	) If this amou	ınt ıncludes foreıgn gr	ants, check here	•	▶ ┌	29a	
30							
(Grants \$	) If this amou	ınt ıncludes foreıgn gr	ants shock hara		<b>.</b> –		
	rogram services (describe in Schedule		ants, check here	•		30a	
(Grants \$	· ·	int includes foreign gr	ants, check here		. ▶ ┌	31a	
	ogram service expenses (add lines 28a					32	39,654
Part IV	<b>List of Officers, Directors, Trustees,</b> Check if the organization used Sched						
	(a) Name and title	(b) Average hours per week devoted to position	(c)Reportab compensatio (Forms W-2/10 MISC) (if not	on 099-	(d) Health bene contributions t employee benefit p and deferred	0	(e) Estimated amount of other compensation
LINA COR	DILLO	15.00	enter -0-)		compensation	1	
LINA GOR President	DILLO	15 00		0			
MELISSA I Vice Presid		5 00		0			
LAURA OR Secretary	RDERO	4 00		0			
LYDIA AU Treasurer		15 00		0			

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V ) Check if the organization used Schedule O to respond to any question in this Part V . . . . . . . 1.7 Nο Did the organization engage in any significant activity not previously reported to the IRS? If "Yes." provide a detailed description of each activity in Schedule O 33 Nο 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 34 Nο on Schedule O (see instructions) 35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? 352 Nο **b** If "Yes," to line 35a, has the organization filed a **Form 990-T** for the year? If "No," provide an explanation in Schedule O 35h Nο Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e)notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III 350 Nο Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N . . . . . . . . . . . . . . . . 36 Νo Enter amount of political expenditures, direct or indirect, as described in the instructions **b** Did the organization file **Form 1120-POL** for this year? 37h Νo . . . . . . . . . . . . . . . . . . . 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 382 Νo **b** If "Yes." complete Schedule L. Part II and enter the total amount involved Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on line 9 O **b** Gross receipts, included on line 9, for public use of club facilities 40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 \_\_, section 4912 -\_\_\_\_, section 4955 🏲 **b** Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that Νo has not been reported on any of its prior Forms 990 or 990-F7? If "Yes." complete Schedule L. Part I. 40h c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization . . . . . . . . . . . All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter Nο 41 List the states with which a copy of this return is filed \_\_\_\_\_\_ Telephone no ▶ (703) 322-3100 The organization's books are in care of ▶ PTA TREASURER Located at ▶ 4500 DIXIE HILL ROAD FAIRFAX. VA ZIP + 4 ▶ 22030 b At any time during the calendar year, did the organization have an interest in or a signature or other authority Yes No over a financial account in a foreign country (such as a bank account, securities account, or other financial 42b Νo account)? If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) c At any time during the calendar year, did the organization maintain an office outside the U S ? 42c Νo If "Yes," enter the name of the foreign country **\rightarrow** 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here . and enter the amount of tax-exempt interest received or accrued during the tax year . . . . ▶ Yes No Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of 44a Νo b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44b Νo Did the organization receive any payments for indoor tanning services during the year? . . . . . . . Νo 44c **d** If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 44d Νo **45a** Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . Nο 45b 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 Nο 45b 

Form	990-EZ	(2015)						Page <b>4</b>
							Yes	No
46	Did the	organization engage, directly or ind tes for public office? If "Yes," comp	irectly, in political can	npaign activities on be		I .		
						· 46		No
Par		<b>Section 501(c)(3) organiza</b> All section 501(c)(3) organizati		uestions 47-49b and	i 52, and complete t	he tables	s for lir	nes 50
		and 51 Check if the organization used Sche	·		•			_
		Check if the organization used Sche	edule O to respond to a	any question in this Pa	rt V1		· · ·	No
								<b></b>
		organization engage in lobbying act " complete Schedule C, Part II	ivities or have a secti	on 501(h) election in e	effect during the tax yea	ar?   . 47		No
		,	n section 170(h)/1)/A	Vu)2 If "Ves " complet	e Schedule F	48		No
		-				49a		No
		,	•	_		·		No
						•		
			(b) A verage	(c) Reportable	(d) Health benefits,		tımated	
			devoted to position	compensation (Forms W-2/1099-		ns, co		
				MISC)	and deferred			
NONE	=							
	of comp	ensation from the organization If th	nere is none, enter "No	one "	(b) Type of service			
d	Totalı	number of other independent contra	ctors each receiving o	ver \$1				
52	Did th	ne organization complete Schedule A	-					
	comp	leted Schedule A		•				
Under	nenaltie	s of perjury. I declare that I have exam	ined this return unclud	ing acc				
	edge and							
	].							
C! - ·		*****						
Sign Here		•						
		Type or print name and title						
D		Print/Type preparer's name DAWN MCGRUDER CPA	Preparer's signature					
Paid		Firm's name ► THE MCGRUDER GR	OUP CPA PC					
-	oarer Only	the organization as described in section 17(0)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)						
J 00	Unity							
Mayt	he IRS c	· · · · · · · · · · · · · · · · · · ·		struct				

### **Additional Data**

**Software ID:** 15000324

**Software Version:** 2015v3.0

**EIN:** 03-0605655

Name: EAGLE VIEW ELEMENTARY SCHOOL PTA

#### Form 990EZ, Part III - Statement of Program Service Accomplishments

	carrying out the organization's exempt purposes. In a clear and concise provided, the number of persons benefited, and other relevant information	501(	expenses uired for 501(c)(3) and c)(4) organizations and '(a)(1) trusts; optional for others.)
<b>28</b> Advocacy Programs (Grants \$ 8,387)	If this amount includes foreign grants, check here ▶ ☐	28a	

Form 990EZ, Part III - Statement of Program Service Accomplishments

	arrying out the organization's exempt purposes. In a clear and concise ovided, the number of persons benefited, and other relevant information	501(	juired for 501(c)(3) and c)(4) organizations and 7(a)(1) trusts; optional for others.)
<b>29</b> EAGLE VIEW FUN RUN (Grants \$ 24,490)	If this amount includes foreign grants, check here ▶ ☐	29a	

Form 990EZ, Part III - Statement of Program Service Accomplishments

	d in carrying out the organization's exempt purposes. In a clear and concise es provided, the number of persons benefited, and other relevant information	501(	quired for 501(c)(3) and c)(4) organizations and for (a)(1) trusts; optional for others.)
<b>30</b> Field Trips (Grants \$ 6,777)	If this amount includes foreign grants, check here ▶ ☐	30a	

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As Filed Data -

DLN: 93492313005147

**Employer identification number** 

SCHEDULE A (Form 990 or 990EZ)

Internal Revenue Service

Name of the organization

Department of the

Treasury

Total

**Public Charity Status and Public Support** 

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.qov/form990.

OMB No 1545-0047

Open to Public Inspection

AGLE	: VIEW E	ELEMENTARY SCHOOL PTA					03-0605655	
Pa	rt I	Reason for Publi	c Charity S	tatus (All organiza	tions must co	mplete this p		ins.
		zation is not a private fo						
1	Ē	A church, convention		•		•	•	
2	<u> </u>	A school described in	section 170(b	)(1)(A)(ii).(Attach Sc	hedule E (Form	n 990 or 990-E	Z))	
3	<u> </u>	A hospital or a cooper	atıve hospital	service organization o	lescribed in <b>sec</b>	tion 170(b)(1)	(A)(iii).	
4	H	A medical research or	ganızatıon ope	erated in conjunction w	uth a hospital d	lescribed in <b>se</b> c	ction 170(b)(1)(A)(iii	). Enter the
	ı	hospital's name, city,						
5		An organization opera 170(b)(1)(A)(iv). (Co	omplete Part I	I )			-	lescribed in <b>section</b>
6		A federal, state, or loc	_	_				1 11
7		An organization that n described in <b>section 1</b>				om a governme	ental unit or from the g	jenerai public
8	г	A community trust des			•	tII)		
9	-	An organization that r	normally recei	ves (1) more than 33	1/3% of its supp	oort from contr	ibutions, membership	fees, and gross
10	<b>v</b>	receipts from activitie from gross investmen	es related to it t income and i e 30, 1975 S	s exempt functions—s unrelated business tax ee <b>section 509(a)(2).</b> i	ubject to certai kable income (le (Complete Part	in exceptions, ess section 51 III )	and (2) no more than 1 tax) from businesse	331/3% of its support
	<u>_</u>	3		,		•		
11	I	An organization organ one or more publicly s the box in lines 11a th	upported orga rough 11d tha	nizations described in at describes the type o	section 509(a)	)(1) or section ganization and	509(a)(2) See <b>sectio</b> complete lines 11e, 1	<b>n 509(a)(3).</b> Check .1f, and 11g
а	Γ	<b>Type I.</b> A supporting o supported organization organization <b>You mus</b>	n(s) the power	to regularly appoint o	r elect a majorii			
b	Γ	Type II. A supporting management of the su must complete Part IV	pporting orgar	nization vested in the s				, ,
c	Г	Type III functionally i	ntegrated. A	supporting organizatio				grated with, its
	_	supported organization		•	•			
d		Type III non-function not functionally integral		2 2				` '
		(see instructions) <b>You</b>					ement and an attentiv	eness requirement
е	Г	Check this box if the o	rganızatıon re	ceived a written deter	mination from t	he IRS that it i	s a ⊤ype I, ⊤ype II, ⊤	ype III functionally
	<u>.</u>	integrated, or Type III		, , , , , , , , , , , , , , , , , , , ,	5 5			
f	Ente	r the number of support					· · · · · · · · · · · · · · · · · · ·	
g		Provide the following i	nformation abo	out the supported orga	nization(s)			
Nar	ne of s	(i) supported organization	(ii)EIN	(iii) Type of organization (described on lines 1 - 9 above (see instructions))	(iv) Is the organ listed in your docume	nızatıon governıng	A mount of monetary support (see instructions)	(vi) A mount of other support (see instructions)
					Vos	No		

	Part III. If the organiza						uality under
Se	ection A. Public Support	acion rans to qu	amy under the	tests listed bei	ow, please com	piete Fart III.)	
	Calendar year	(2)2011	<b>(5)</b> 2012	(0)2012	(4)2014	(a)201E	<b>(f)</b> Total
(or	fiscal year beginning in) 🕨	(a)2011	<b>(b)</b> 2012	(c)2013	(d)2014	<b>(e)</b> 2015	(1) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do						
_	not include any unusual grants )						
2	Tax revenues levied for the organization's benefit and either						
	paid to or expended on its behalf						
3	The value of services or facilities						
•	furnished by a governmental unit						
	to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11, column						
6	(f) <b>Public support.</b> Subtract line 5						
	from line 4						
Se	ection B. Total Support						
	Calendar year	<b>(a)</b> 2011	<b>(b)</b> 2012	(c)2013	(d)2014	<b>(e)</b> 2015	<b>(f)</b> ⊤otal
•	fiscal year beginning in)	. ,		` ,	. ,	` '	
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated						
•	business activities, whether or						
	not the business is regularly						
	carried on						
10	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
	VI)						
11	<b>Total support.</b> Add lines 7 through 10						
12	Gross receipts from related activiti	es, etc (see inst	ructions)			12	
13	First five years.If the Form 990 is i	. ,	ŕ	. third, fourth, or i	ifth tax vear as a		) organization.
	check this box and <b>stop here</b>	-	•		•		, ,
Se	ection C. Computation of Pul					•	
14	Public support percentage for 2015			11, column (f))		14	
15	Public support percentage for 2014	1 Schedule A , Par	t II, line 14			15	
16a	<b>33 1/3% support test—2015.</b> If the	organization did i	not check the box	on line 13, and	ine 14 is 33 1/3%		this box
	and <b>stop here.</b> The organization qua	=					▶□
b	<b>33 1/3% support test—2014.</b> If the	organization did	not check a box	on line 13 or 16a,	and line 15 is 33	1/3% or more, cl	neck this
	box and <b>stop here.</b> The organization						▶
17a	10%-facts-and-circumstances test				, ,	•	
	is 10% or more, and if the organiza			•		•	
	in Part VI how the organization med	ets the "racts-and	a-circumstances	test ine organi	zation qualifies as	s a publicly suppo	
L-	organization	2014 If the e	nization did nat	shock a how on him	0 12 165 16F -	r 17a and line	▶┌
D	<b>10%-facts-and-circumstances test</b> 15 is 10% or more, and if the organ						
	Explain in Part VI how the organiza					•	lv
	supported organization	addit meets the Ti	aces and circuit	stances test II	.c organization que	annes as a public	'' ▶ □
18	<b>Private foundation.</b> If the organizat	ion did not check	a box on line 13	. 16a. 16b. 17a י	or 17b, check this	box and see	F
	instructions	a.aoc oncon	13	, , , ,	2, 2, 2110011 11113		▶□

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.)

	tion A. Public Support							
/ a = E : a	Calendar year	<b>(a)</b> 2011	<b>(b)</b> 2012	<b>(c)</b> 2013	(d)2014	<b>(e)</b> 2015	(f)	Total
<b>1</b> (	scal year beginning in) ► Gifts, grants, contributions, and membership fees received (Do	2,615	115	243	103	3	,462	6,538
	not include any "unusual grants ")	2,013	113	2+3	103	3	, 102	0,550
2 (	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt	74,000	73,345	115,469	78,107	55	,890	396,811
	purpose							
3 (	that are not an unrelated trade or business under section 513							0
. (	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							0
5 f	The value of services or facilities furnished by a governmental unit to the organization without charge							0
	Total. Add lines 1 through 5	76,615	73,460	115,712	78,210	59	,352	403,349
7a /	Amounts included on lines 1, 2, and 3 received from disqualified persons							0
	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of							0
	the amount on line 13 for the year							
8 I	Add lines 7a and 7b <b>Public support.</b> (Subtract line 7c  from line 6 )							403,349
Sec	tion B. Total Support							
	Calendar year	(a)2011	<b>(b)</b> 2012	(c)2013	(d)2014	<b>(e)</b> 2015	(f)	Total
•	Scal year beginning in)   A mounts from line 6	76,615	73,460	115,712	78,210		,352	403,349
	Gross income from interest,	,	,	,	,			,
:	dividends, payments received on securities loans, rents, royalties and income from similar sources	89	95	71	53		47	355
<b>b</b>	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							0
	Add lines 10a and 10b	89	95	71	53		47	355
 !	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							0
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						549	549
	Total support. (Add lines 9,10c,	76,704	73,555	115,783	78,263	59	,948	404,253
	11, and 12 ) F <b>irst five years.</b> If the Form 990 is f	<u> </u>	•		·		·	
	check this box and <b>stop here</b>	or the organizatio	ii s iiist, second,	tillia, lourtii, or ii	itii tax yeai as a :	section 501	(c)(3) organ ► F	— —
	tion C. Computation of Pub	lic Support Pe	rcentage					
	Public support percentage for 2015			13, column (f))		15		9 780 %
				, , , , , , , , , , , , , , , , , , , ,		16		9 9 3 0 %
L5 F	• • • • •	4 Schedule A. Pa				10		9 9 3 0 70
15 F 16 F	Public support percentage from 201			10				
15 F 16 F Sec	Public support percentage from 201	estment Inco	me Percentag		n (f))	13		0.000.00
15 F 16 F <b>Sec</b> 17 I	Public support percentage from 201 tion D. Computation of Inventors investment income percentage for	estment Incor 2015 (line 10c, co	me Percentag	y line 13, columi	n (f))	17		0 090 %
15 F 16 F Sec 17 I 18 I	Public support percentage from 201	estment Incor 2015 (line 10c, co n 2014 Schedule A	me Percentag lumn (f) divided b A, Part III, line 1	oy line 13, columi 7		18		0 070 %

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

## Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Se	ction A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under			
	section 509(a)(1) or (2)?  If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)?  If "Yes," answer (b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)?  If "Yes," describe in <b>Part VI</b> when and how the organization made the determination	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?  If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use	<b>3</b> c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")?  If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization?  If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or $(2)$ ?  If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(8)$ purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year?  If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one			
	or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?  If "Yes," complete Part II of Schedule L (Form 990)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9c		
	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below	<b>10</b> a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)	<b>10</b> b		
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?			
		11a		
b	A family member of a person described in (a) above?	11b		

c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI

11c

Par	t IV Supporting Organizations (continued)			
Se	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?  If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization	2		
Se	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?  If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
Se	ection D. All Type III Supporting Organizations			
	,, <u> </u>		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization?  If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?  If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard	3		
	adia a F. Tana TTT Familia adila Tatana da di Cana adila Garana di Santa di			
1 a b	The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below  The organization supported a governmental entity. Describe in Part VI how you supported a government elinstructions.)			
2	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive?  If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in?  If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i>	3a		
ь	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		

## Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

	heck here if the organization satisfied the Integral Part Test as a qualifying tr			ructions. All other
	ype III non-functionally integrated supporting organizations must complete S	ections	A through E	
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
	Net short-term capital gain	1		
	Recoveries of prior-year distributions	2		
	Other gross income (see instructions)	3		
	Add lines 1 through 3	4		
	Depreciation and depletion	5		
	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
	Other expenses (see instructions)	7		
	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
)	Average monthly cash balances	1b		
<b>c</b>	Fair market value of other non-exempt-use assets	1c		
t	Total (add lines 1a, 1b, and 1c)	<b>1</b> d		
е	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)			
	Acquisition indebtedness applicable to non-exempt use assets	2		
	Subtract line 2 from line 1d	3		
	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 035	6		
	Recoveries of prior-year distributions	7		
	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
	Enter 85% of line 1	2		
	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
	Enter greater of line 2 or line 3	4		
	Income tax imposed in prior year	5		
	<b>Distributable A mount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
	heck here if the current year is the organization's first as a non-functionally-i	ntegrate	d Type III supporting o	organization (see

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)					
Section D - Distributions			Current Year		
1 Amounts paid to supported organizations to accom	plish exempt purposes				
2 A mounts paid to perform activity that directly furthe excess of income from activity					
3 Administrative expenses paid to accomplish exemp					
4 Amounts paid to acquire exempt-use assets					
5 Qualified set-aside amounts (prior IRS approval rec					
6 Other distributions (describe in Part VI) See instru					
7 Total annual distributions. Add lines 1 through 6					
Distributions to attentive supported organizations to details in Part VI) See instructions	o which the organization is r	esponsive (provide			
9 Distributable amount for 2015 from Section C, line	6				
10 Line 8 amount divided by Line 9 amount					
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015		
Distributable amount for 2015 from Section C, line 6					
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)					
<b>3</b> Excess distributions carryover, if any, to 2015					
_ a					
b					
<u>C</u>					
d From 2013					
f Total of lines 3a through e					
g Applied to underdistributions of prior years					
h Applied to 2015 distributable amount					
i Carryover from 2010 not applied (see					
instructions)					
j Remainder Subtract lines 3g, 3h, and 3i from 3f  4 Distributions for 2015 from Section D, line 7					
\$					
A pplied to underdistributions of prior years					
<b>b</b> Applied to 2015 distributable amount					
c Remainder Subtract lines 4a and 4b from 4					
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)		I			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)					
<b>7 Excess distributions carryover to 2016.</b> Add lines 3j and 4c					
8 Breakdown of line 7					
<u>a</u>					
c Excess from 2013					
<b>d</b> From 2014					
e From 2015					

efile GRAPHIC	print - DO NOT PROCESS	As Filed Data -	DL	N: 93492313005147
SCHEDULE (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	Complete to prov	ride information for res • 990-EZ or to provide a ▶ Attach to Form 99	or 990-EZ) and its instructions is at	OMB No 1545-0047  2015 Open to Public Inspection
Name of the organization EAGLE VIEW ELEMENTARY SCHOOL PTA			Employer identification number 03-0605655	
Return Reference	O, Supplemental Information  Explanation			
Other Revenue 1	\$549			

990 Schedule O, Supplemental Information Return Explanation Reference

Other Information Technology \$3230

Return Explanation

Reference

Other Conferences, Conventions, and Meetings \$314

990 Schedule O, Supplemental Information Return Explanation Reference Other Insurance \$343

990 Schedule O, Supplemental Information Return Explanation Reference Other FUN RUN \$24490

990 Schedule O, Supplemental Information Return Explanation Reference Other Advocacy Programs \$8387

990 Schedule O, Supplemental Information Return Explanation Reference Other Field Trips \$6777

Return Explanation
Reference

Other

Expenses 4

Teacher Requests \$3493

990 Schedule O, Supplemental Information Return Explanation Reference Other Teacher Appreciation \$2989

990 Schedule O, Supplemental Information Return Explanation Reference Other Mixed Bag Catalog Expenses \$2181

990 Schedule O, Supplemental Information Return Explanation Reference Other SPIRIT WEAR \$1761

990 Schedule O, Supplemental Information Return Explanation Reference Other Supplies \$1687

990 Schedule O, Supplemental Information Return Explanation Reference Other Hospitality \$1091

990 Schedule O, Supplemental Information Return Explanation Reference

Other SIXTH GRADE CELEBRATION \$1000 Expenses 10

990 Schedule O, Supplemental Information Return Explanation Reference Other Dues \$976

Return Explanation

Reference

Other Staff Rewards \$620 Expenses 12

990 Schedule O, Supplemental Information Return Explanation Reference Other Website Hosting \$504

990 Schedule O, Supplemental Information Return Explanation Reference Other SCHOOL SPIRIT NIGHT \$371

990 Schedule O, Supplemental Information Return Explanation Reference Other Support Staff Appreciation \$347

990 Schedule O, Supplemental Information Return Explanation Reference Other Membership Drive \$329

990 Schedule O, Supplemental Information Return Explanation Reference Other Bus Driver Appreciation \$322

Return Explanation
Reference

Other

Expenses 19

Fountain Repair \$318

990 Schedule O, Supplemental Information Return Explanation Reference Other Open House \$186

990 Schedule O, Supplemental Information Return Explanation Reference Other Merchant Account Fee \$78

990 Schedule O, Supplemental Information Return Explanation Reference Other VOLUNTEER APPRECIATION \$25