



Form Fitting: Keeping Your PTA in Good Shape

California State PTA
Convention 2014

Plan of Work

- Chronological approach to PTA management
- Forms necessary for keeping your PTA healthy

Officer Contact Information

Easy access through
capta.org
and then PTA EZ
A free service of the PTA EZ
accounting program

Screen 1 - Home Page for capta.org



Screen 2 - click on Officer Contact



Screen 3 - Click on Existing PTAEZ or New Officer



Screen 4 - Enter user name and password



PTAEZ® Created by PTA Leaders exclusively for your local unit **PTA** everychild.onevoice.

Learn More about the software.
Sign up for a [Training Webinar](#) now.
Click [Here](#) to take a tour of a sample web store.

Please Login

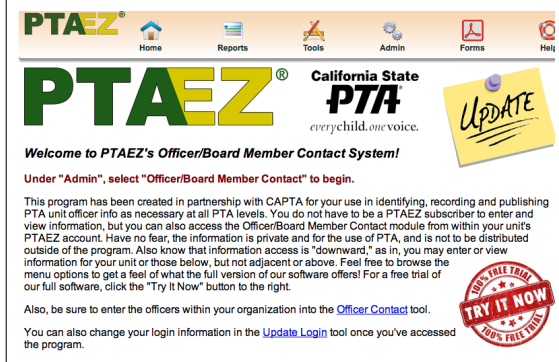
User Name

Password

[Login](#)

[Sign Up Now](#) | [Support](#)

Screen 5 - Click Officer Contact tool



PTAEZ® California State **PTA** everychild.onevoice.

Welcome to PTAEZ's Officer/Board Member Contact System!

Under "Admin", select "Officer/Board Member Contact" to begin.

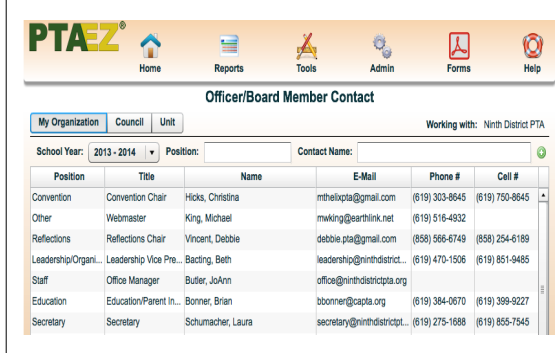
This program has been created in partnership with CAPTA for your use in identifying, recording and publishing PTA unit officer info as necessary at all PTA levels. You do not have to be a PTAEZ subscriber to enter and view information, but you can also access the Officer/Board Member Contact module from within your unit's PTAEZ account. Have no fear, the information is private and for the use of PTA, and is not to be distributed outside of the program. Also know that information access is "downward," as in, you may enter or view information for your unit or those below, but not adjacent or above. Feel free to browse the menu options to get a feel of what the full version of our software offers! For a free trial of our full software, click the "Try It Now" button to the right.

Also, be sure to enter the officers within your organization into the [Officer Contact](#) tool.

You can also change your login information in the [Update Login](#) tool once you've accessed the program.

TRY IT NOW
100% FREE TRIAL

Screen 6 - Your PTA list will appear



PTAEZ®

Officer/Board Member Contact

My Organization: Working with: Ninth District PTA

School Year: 2013 - 2014 Position: Contact Name:

Position	Title	Name	E-Mail	Phone #	Cell #
Convention	Convention Chair	Hicks, Christina	mthelxpta@gmail.com	(619) 303-8645	(619) 750-8645
Other	Webmaster	King, Michael	mking@earthlink.net	(619) 516-4932	
Reflections	Reflections Chair	Vincant, Debbie	debbie_pta@gmail.com	(858) 966-6749	(858) 254-6189
Leadership Organi...	Leadership Vice Pre...	Bacding, Beth	leadership@ninthdistrict...	(619) 470-1506	(619) 851-9485
Staff	Office Manager	Butler, JoAnn	office@ninthdistrictpta.org		
Education	Education/Parent In...	Bonner, Brian	bbonner@capta.org	(619) 384-0670	(619) 399-9227
Secretary	Secretary	Schumacher, Laura	secretary@ninthdistrictpt...	(619) 275-1688	(619) 855-7545



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AUDIT REPORT

Date _____ Fiscal Year _____
Name of Unit _____ IRS EI Number _____
Council _____ District PTA _____
Bank Name _____ Account # _____
Bank Address _____ City/Zip _____

Dates covered by this audit _____
Check numbers reviewed in this audit _____

BALANCE ON HAND at time of last audit _____ (date) _____ \$ _____
RECEIPTS since last audit _____ \$ _____
DISBURSEMENTS since last audit _____ \$ _____
BALANCE ON HAND _____ (date) _____ \$ _____

TOTAL _____ \$ _____

BANK RECONCILIATION

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AUDIT CHECKLIST

DESCRIPTION	Unit Name	Date	YES	NO
Financial records provided: (Origins)				
Beginning Balance Records				
1. Check to see if amount shown on first bank statement (adjusted for outstanding checks and deposits) corresponds to +/ the starting balance recorded in checkbook register, ledger, treasurer's report and ending balance of last audit			<input type="checkbox"/>	<input type="checkbox"/>
Bank Reconciliation				
1. All bank statements reconciled since last audit by treasurer and reviewed monthly by non-check signer			<input type="checkbox"/>	<input type="checkbox"/>
2. Ending balances (checkbook register, ledger and treasurer report) agree with last bank statement +/ (adjusted for outstanding checks and deposits not posted to bank statement)			<input type="checkbox"/>	<input type="checkbox"/>
3. Deposits and Checks Written: (signed by two authorized check signers per the bylaws) +/ a). Recorded in checkbook register			<input type="checkbox"/>	<input type="checkbox"/>
b). Recorded in ledger in proper columns			<input type="checkbox"/>	<input type="checkbox"/>
c). Agree with treasurer reports			<input type="checkbox"/>	<input type="checkbox"/>
4. Bank charges and interest recorded in checkbook register, ledger and treasurer reports			<input type="checkbox"/>	<input type="checkbox"/>
Membership				
1. Amount recorded and deposited equals total number of memberships +/ (members) @ \$ _____ (membership dues listed in bylaws)			<input type="checkbox"/>	<input type="checkbox"/>
2. Amount forwarded to council/district PTA equals total number of memberships +/ (members) @ \$ _____ (amount listed in bylaws)			<input type="checkbox"/>	<input type="checkbox"/>
Insurance - premium(s) forwarded to council/district PTA by due date			<input type="checkbox"/>	<input type="checkbox"/>

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ANNUAL FINANCIAL REPORT
FISCAL YEAR _____

Name of Unit _____ IRS EI # _____
Council _____ District PTA _____

BALANCE ON HAND from previous year → → → → \$ _____

RECEIPTS

→ Savings account interest → → → → → \$ _____
→ Checking account interest → → → → → \$ _____
→ Membership dues (unit portion only) → → → → → \$ _____
→ Fundraising (list total gross income individually)
→ XXX → → → → → \$ _____
→ XXX → → → → → \$ _____
→ Donations → → → → → \$ _____
→ → → → → **TOTAL** → \$ _____

RECEIPTS NOT BELONGING TO UNIT

→ Council, district, state, and National PTA membership per capita → → \$ _____
→ Founders Day freewill offering → → → → → \$ _____
→ → → → → **TOTAL** → \$ _____
→ → → → → **TOTAL RECEIPTS** → \$ _____

DISBURSEMENTS (list Budget Categories)

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SAMPLE ANNUAL FINANCIAL REPORT SAMPLE
FISCAL YEAR _____

Name of Unit → Sunshine Elementary PTA → IRS EI # 123456789 →
Council → Moonbeam Council of PTA → District PTA Thirty-ninth District PTA →

BALANCE ON HAND from previous year *opening bank balance* → \$ 3200.00

RECEIPTS *Money coming in*

→ Savings account interest → \$ → 0.00 →
→ Checking account interest → \$ → 0.00 →
→ Membership dues (unit portion only) *the part you keep* → \$ → 75.00 →
→ Fundraising (list total gross income individually)
→ *xxx candy sale* → \$ → 4358.00 →
→ *xxx* → \$ → → →
→ Donations *not membership!* → \$ → 140.00 →
→ → → **TOTAL** → \$ → 4573.00 →

RECEIPTS NOT BELONGING TO UNIT *what you don't keep*

→ Council, district, state, and National PTA membership per capita → \$ → 425.00 →
→ Founders Day freewill offering → \$ → 75.00 →
→ → → **TOTAL** → \$ → 500.00 →

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BUDGET
FISCAL YEAR _____

Name of Unit _____ IRS EI # _____
Council _____ District PTA _____
Bank Name _____ Account # _____
Bank Address _____

BALANCE ON HAND from previous year → → → → → \$ _____

ESTIMATED RECEIPTS

→ Interest income → → → → → \$ _____
→ Membership dues (unit portion only) → → → → → \$ _____
→ Fundraising (list individually)
→ _____ → \$ _____
→ _____ → \$ _____
→ → → **TOTAL** → \$ _____

RECEIPTS NOT BELONGING TO UNIT

→ Council, district, State and National PTA membership per capita → → \$ _____
→ Founders Day freewill offering → → → → → \$ _____
→ → → → → **TOTAL** → \$ _____

ESTIMATED DISBURSEMENTS
Operating expenses

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327 L Street, Sacramento, CA 95816 (916) 440-1985 • FAX (916) (916) 440-1986 • E-mail: info@capta.org • www.capta.org

LETTER OF DETERMINATION

<<Date>>

<<Full_Name_and_Title>>
<<Unit Name>> [<<Unit #>>]

Dear <<First Name>>:

In response to request of this office concerning your PTA's tax-exempt status, a copy of our ruling letter dated November 18, 1943, from Internal Revenue, which grants federal income tax exemption to all PTAs in California, is enclosed. You will note the Internal Revenue Code section at that time as referred to in the letter was 101(6)—now Section 501(c)(3) as indicated in all PTA bylaws in California. The group exemption number assigned to the California State PTA is GEN-0646.

Also enclosed is a copy of the February 24, 2010 letter from Franchise Tax Board confirming

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CONFLICT/WHISTLEBLOWER FORM
 ANNUAL QUESTIONNAIRE

UNIT NAME _____

NAME: _____ Telephone: (____) _____

PTA POSITION: _____

Occupation: _____

Name of Employer: _____

Employer's Address: _____

City _____ State _____ Zip _____

1.-I have read the California State PTA Conflict of Interest Policy (Section 2.3.2): _____ Initial _____

2.-I have read the California State PTA Whistleblower Policy (Section 2.3.11): _____ Initial _____

3.-I understand that as a board member, I have a responsibility to review the tax return: _____ Initial _____

4. Am you currently being represented by the PTA for services rendered to the association, whether or not time or full



STATE OF CALIFORNIA
 CHAPTER 1
 (Rev. 10/2012)

**APPLICATION FOR REGISTRATION
 NONPROFIT RAFFLE PROGRAM**
(California Penal Code section 220.9)

DEPARTMENT OF JUSTICE
 PAGE 1 of 1

The registration period is September 1 to August 31.
 After August 31, a new registration is required.

A CHECK IN THE AMOUNT OF \$20 MADE PAYABLE TO
 DEPARTMENT OF JUSTICE MUST ACCOMPANY THIS
 REGISTRATION FORM

MAIL TO:
 Office of the Attorney General
 Registry of Charitable Trusts
 P.O. Box 903447
 Sacramento, CA 94203-4470

STREET ADDRESS:
 1301 I Street
 Sacramento, CA 95814
 Telephone: (916) 445-2021

WEBSITE ADDRESS:
 www.oag.ca.gov/charities

(Proof of California Franchise Tax Board exempt status must be attached to this registration application. This application will otherwise be deemed deficient and returned to the organization.)

(For Registry Use Only)

Raffle Registration Number: _____

Provide at least one of the following:

Federal Employer Identification Number (FEIN): _____

Name of Organization _____

Address of Organization _____

City or Town, State and ZIP Code _____


State of California

199N e-Postcard - Confirmation

Print this page for your records. The Confirmation Number below is proof that you successfully filed your e-Postcard.

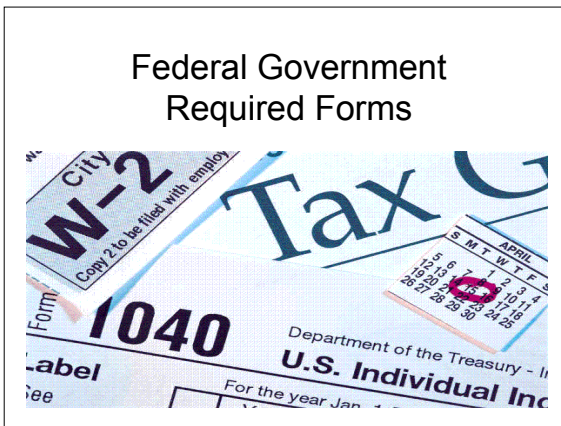
We received your FTB 199N California e-Postcard on January 10, 2014 09:44 AM.

Confirmation Number:	602408901000
Entity ID:	8024089
Entity Name:	CARSON STREET ELEMENTARY PTA
Account Period Beginning:	JULY 01, 2012
Account Period Ending:	JUNE 30, 2013

This is not your entity's first year in business.
Your entity has not terminated or gone out of business.
Your entity has not changed the account period.

Gross Receipts:	\$43,457
------------------------	----------

This is not an amended return.
An IRS Form 1023/1024 is not pending.
Date IRS Form 1023/1024 Filed: N/A
FEIN: 956205109
Doing Business As: CARSON STREET ELEMENTARY PTA
Website Address: WWW.CARSONSTREET.ORG



From: epostcard@urban.org
Subject: Form 990-N E-filing Receipt - IRS Status: Accepted
Date: 4/November/2013 at 5:10 PM
To: northburypta@mac.com

Organization: PTA CALIFORNIA CONGRESS OF PARENTS TEACHERS & STUDENTS INC
EIN: 94-332533
Submission Type: Form 990-N
Year: 2012
Submission ID: 7800582013308fb20940
e-File Postmark: 11/4/2013 8:04:14 PM
Accepted Date: 11/4/2013

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

Thank you for filing.

e-Postcard technical support
Phone: 866-255-8654 (toll free)
email: epostcard@urban.org

PTA CALIFORNIA CONGRESS OF PARENTS
TEACHERS & STUDENTS INC
% Treasurer Second District PTA
555 Franklin Street
San Francisco, CA 94102



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EVERY UNIT, COUNCIL AND DISTRICT PTA
MUST COMPLETE AND RETURN THIS FORM EVEN IF NO ONE WAS PAID

WORKERS' COMPENSATION ANNUAL PAYROLL REPORT
(Attach insurance premium payment to Report and forward to council/district PTA to meet council/district due date.
Payment must be received at State office from district PTA on or before January 31.)

Name of PTA _____ District PTA _____
Address _____ Council _____
City _____ Zip _____

Please note: List only those employees that PTA pays directly. Attach copies of all DE 6 and DE 542. Do NOT list:
- sources donated to school district for employee salaries. Do NOT list company names, only individual names.

NAME OF WORKER	TYPE OF WORK (1) BE SPECIFIC	DID PERSON PAID CARRY HIS/HER OWN WORKERS' COMPENSATION INSURANCE?		DATES WORKED JAN 5, ____ TO JAN 4, ____	PAYROLL AMOUNT PAID
		YES	NO		
11	1				
21	2				
31	3				
41	4				
51	5				
61	6				
71	7				
81	8				
91	9				
101	10				
111	11				
121	12				
131	13				
141	14				
151	15				
161	16				
171	17				
181	18				
191	19				
201	20				

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Exhibit 07
duplicate of SR exhibit

230 F. Street, Sacramento, CA 95816-0114 916.443.1986 • FAX 916.443.1985 • fpta@cspta.org • www.cspta.org

PTA UNIT – ANNUAL HISTORIAN REPORT FORM
Reporting Period – July 1 to June 30, _____

Instructions:
Complete this form and file it in your Historian's procedure book.
Make 2 copies of your completed form:
• Give 1 copy to your unit secretary to file with the minutes.
• Send 1 copy through channels to your PTA council/district.
Check your council/district due date.

Tip – Reporting Volunteer Hours:
Total your unit's volunteer hours projected to June 30.
Remember to include time spent by your members involved in:
• PTA activities, benefits, advocacy,
• school events, school, state and national PTA programs, projects and events,
• CSEA projects, committees, volunteer groups, and other PTA activities.

UNIT INFORMATION (Please Print)

PTA/PTSA Name: _____
☐ Preschool ☐ Elementary School ☐ Jr./Middle School ☐ High School ☐ Other

District PTA Number/Name: _____ State PTA Identification #: _____
See folder or mailing label from State PTA for ID number

Report Completed by: ☐ Historian ☐ President ☐ Other

Name: _____
 Street Address: _____
 City/Zip: _____
 Phone #: _____



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AUDIT REPORT

Date _____ Fiscal Year _____
 Name of Unit _____ IRS EI Number _____
 Council _____ District PTA _____
 Bank Name _____ Account # _____
 Bank Address _____ City/Zip _____
Dates covered by this audit _____
Check numbers reviewed in this audit _____

BALANCE ON HAND at time of last audit _____ (date)	\$ _____
RECEIPTS since last audit	\$ _____
	TOTAL
DISBURSEMENTS since last audit	\$ _____
BALANCE ON HAND _____ (date)	\$ _____ *

BANK RECONCILIATION

Last BANK STATEMENT balance _____ (date)	\$ _____
DEPOSITS not yet credited (add to balance)	\$ _____
\$ _____ \$ _____ \$ _____	

CHECKS OUTSTANDING (List check number and amount)

# _____ \$ _____	# _____ \$ _____	# _____ \$ _____
# _____ \$ _____	# _____ \$ _____	# _____ \$ _____

TOTAL outstanding checks (subtract from balance)	\$ _____
BALANCE in checking account _____ (date)	\$ _____ *

*These lines must balance

☐ I have verified that all tax forms, PTA- and government-required forms have been filed, if required.

The following is all that needs to be read when the auditor's report is given:

I have examined the financial records of the treasurer of _____ PTA/PTSA and find them

- ☐ correct
- ☐ substantially correct with the following recommendations
- ☐ partially correct more adequate accounting procedures need to be followed so that a more thorough audit report can be given
- ☐ incorrect

Audit completed _____ Auditor's Signature _____

Audit adopted _____

(Copies: unit president, secretary, and treasurer; council treasurer or auditor and district PTA treasurer or auditor as directed by the district PTA. Attach copy of tax form(s) to next level PTA, if required to file.)

Submit separate report of explanation and recommendations to executive board.
 A separate audit form must be completed for each bank account.



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AUDIT CHECKLIST		Unit Name _____	Date _____
DESCRIPTION	YES	NO	
<input type="checkbox"/> Bylaws & Standing Rules <input type="checkbox"/> Budget(s) <input type="checkbox"/> Last Audit Report <input type="checkbox"/> Ledger <input type="checkbox"/> Checkbook register <input type="checkbox"/> Cancelled checks (including voids) <input type="checkbox"/> Authorizations for Payment <input type="checkbox"/> Cash Verification Forms <input type="checkbox"/> Bank statements, bank books and deposit slips <input type="checkbox"/> Receipts/bills <input type="checkbox"/> Cash receipts <input type="checkbox"/> Executive board minutes <input type="checkbox"/> Association minutes <input type="checkbox"/> Committee reports <input type="checkbox"/> Monthly Treasurer Report <input type="checkbox"/> Monthly Financial Secretary Reports <input type="checkbox"/> Annual Financial Report <input type="checkbox"/> Workers' Compensation Annual Payroll Report form <input type="checkbox"/> IRS Forms 990/990EZ/990N <input type="checkbox"/> State Form 199 <input type="checkbox"/> State Form RRF-1 If required: <input type="checkbox"/> IRS Form 941 <input type="checkbox"/> IRS Form 1099 <input type="checkbox"/> State Form DE-6 <input type="checkbox"/> State Form DE-542			
Financial records provided: (Originals)	<input type="checkbox"/>		<input type="checkbox"/>
Beginning Balance Records			
1. Check to see if amount shown on first bank statement (adjusted for outstanding checks and deposits) corresponds to the starting balance recorded in checkbook register, ledger, treasurer's report and ending balance of last audit	<input type="checkbox"/>		<input type="checkbox"/>
Bank Reconciliation			
1. All bank statements reconciled since last audit by treasurer and reviewed monthly by non-check signer	<input type="checkbox"/>		<input type="checkbox"/>
2. Ending balances (checkbook register, ledger and treasurer report) agree with last bank statement (adjusted for outstanding checks and deposits not posted to bank statement)	<input type="checkbox"/>		<input type="checkbox"/>
3. Deposits and Checks Written: (signed by two authorized check signers per the bylaws)			
a) Recorded in checkbook register	<input type="checkbox"/>		<input type="checkbox"/>
b) Recorded in ledger in proper columns	<input type="checkbox"/>		<input type="checkbox"/>
c) Agree with treasurer reports	<input type="checkbox"/>		<input type="checkbox"/>
4. Bank charges and interest recorded in checkbook register, ledger and treasurer reports	<input type="checkbox"/>		<input type="checkbox"/>
Membership			
1. Amount recorded and deposited equals total number of memberships # _____ (members) @ \$ _____ (membership dues listed in bylaws)	<input type="checkbox"/>		<input type="checkbox"/>
2. Amount forwarded to council/district PTA equals total number of memberships # _____ (members) @ \$ _____ (amount listed in bylaws)	<input type="checkbox"/>		<input type="checkbox"/>
Insurance – premium(s) forwarded to council/district PTA by due date	<input type="checkbox"/>		<input type="checkbox"/>
Minutes			
1. All expenditures approved and recorded in executive board minutes (List those expenditures not approved on recommendation report)	<input type="checkbox"/>		<input type="checkbox"/>
2. All expenditures approved/ratified in association minutes (List those expenditures not approved on recommendation report)	<input type="checkbox"/>		<input type="checkbox"/>
3. Committee minutes record plans, proposed expenditures, and total of monies earned	<input type="checkbox"/>		<input type="checkbox"/>
Authorizations for Payment (signed by secretary and president)	<input type="checkbox"/>		<input type="checkbox"/>
1. All authorizations written for approved amounts (List missing authorizations on recommendation report)	<input type="checkbox"/>		<input type="checkbox"/>
2. All authorizations have receipt/bill attached (List missing receipts/bills on recommendation report)	<input type="checkbox"/>		<input type="checkbox"/>
3. Authorizations match checks written	<input type="checkbox"/>		<input type="checkbox"/>
Income			
1. Deposits properly supported	<input type="checkbox"/>		<input type="checkbox"/>
2. Cash Verification Forms used with two people counting money	<input type="checkbox"/>		<input type="checkbox"/>
3. Income received matches deposits recorded in checkbook register, ledger and treasurer reports	<input type="checkbox"/>		<input type="checkbox"/>
4. Designated income spent as specified	<input type="checkbox"/>		<input type="checkbox"/>
Financial Secretary Reports			
1. Filed monthly	<input type="checkbox"/>		<input type="checkbox"/>
2. Receipts/Deposits agree with ledger & register	<input type="checkbox"/>		<input type="checkbox"/>
Treasurer Reports			
1. Filed monthly	<input type="checkbox"/>		<input type="checkbox"/>
2. Agree with ledger and checkbook register	<input type="checkbox"/>		<input type="checkbox"/>
3. Annual Financial Report	<input type="checkbox"/>		<input type="checkbox"/>
Committee Reports			
1. Committee reports for all fundraisers submitted or report in minutes.	<input type="checkbox"/>		<input type="checkbox"/>
Reporting Forms and Tax Returns			
1. Verify on Audit Report that all forms have been filed annually (if required)	<input type="checkbox"/>		<input type="checkbox"/>
Audit Reports			
1. Audit done semiannually	<input type="checkbox"/>		<input type="checkbox"/>
2. Prepare and present written report with recommendations to executive board	<input type="checkbox"/>		<input type="checkbox"/>
3. Present audit report to association for adoption	<input type="checkbox"/>		<input type="checkbox"/>
4. Forward report to the next level PTA (See Bylaws, Duties of Officers, Auditor)	<input type="checkbox"/>		<input type="checkbox"/>
Audit Recommendations			
All "No" answers should be included in the report as recommendations to change financial procedures.			
At the completion of the audit, meet with president and financial officers to discuss recommendations and any corrections as needed. When errors have been corrected by a financial officer and accounts are accurate, draw a double line in red ink where the audit concludes on all records. Sign & date the audited materials.	<input type="checkbox"/>		<input type="checkbox"/>
Mismanagement – Is mismanagement suspected? (Contact district PTA president immediately for assistance.)	<input type="checkbox"/>		<input type="checkbox"/>

ANNUAL FINANCIAL REPORT

FISCAL YEAR _____

Name of Unit _____ IRS EI # _____

Council _____ District PTA _____

BALANCE ON HAND from previous year \$ _____

RECEIPTS

Savings account interest \$ _____

Checking account interest \$ _____

Membership dues (unit portion only) \$ _____

Fundraising (list total gross income individually)

xxx \$ _____

xxx \$ _____

Donations \$ _____

TOTAL \$ _____

RECEIPTS NOT BELONGING TO UNIT

Council, district, state, and National PTA membership per capita \$ _____

Founders Day freewill offering \$ _____

TOTAL \$ _____

TOTAL RECEIPTS \$ _____

DISBURSEMENTS (List Budget Categories)

Operating expenses

Membership envelopes \$ _____

Insurance premium \$ _____

Newsletter and publicity \$ _____

Council/district leadership workshops \$ _____

Convention (State/National PTA) \$ _____

Officers' and chairmen's reimbursement \$ _____

Past president's pin \$ _____

Honorary Service Award \$ _____

Program expenses

Programs and assemblies \$ _____

Reflections Program \$ _____

Parent Involvement \$ _____

Emergency preparedness \$ _____

Hospitality \$ _____

Fundraising

Carnival \$ _____

Book fair \$ _____

Gift wrap \$ _____

TOTAL \$ _____

DISBURSEMENTS NOT BELONGING TO UNIT

Council, district, state, and National PTA membership per capita \$ _____

Founders Day freewill offering \$ _____

TOTAL \$ _____

TOTAL DISBURSEMENTS \$ _____

BALANCE ON HAND \$ _____

Signature _____ Date _____



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SAMPLE ANNUAL FINANCIAL REPORT SAMPLE

FISCAL YEAR _____

Name of Unit Sunshine Elementary PTA IRS EI # 123456789

Council Moonbean Council of PTA District PTA Thirty-ninth District PTA

BALANCE ON HAND from previous year *opening bank balance* \$ 3200.00

RECEIPTS *Money coming in*

Savings account interest	\$	<u>0.00</u>
Checking account interest	\$	<u>0.00</u>
Membership dues (unit portion only) <i>the part you keep</i>	\$	<u>75.00</u>
Fundraising (list total gross income individually)		
xxx <i>candy sale</i>	\$	<u>4358.00</u>
xxx	\$	
Donations <i>not membership!</i>	\$	<u>140.00</u>
TOTAL	\$	<u>4573.00</u>

RECEIPTS NOT BELONGING TO UNIT *what you don't keep*

Council, district, state, and National PTA membership per capita	\$	<u>425.00</u>
Founders Day freewill offering	\$	<u>75.00</u>
TOTAL	\$	<u>500.00</u>
TOTAL RECEIPTS	\$	<u>5730.00</u>

DISBURSEMENTS (List Budget Categories) *Expenses*

Operating expenses

Membership envelopes	\$	<u>25.00</u>
Insurance premium	\$	<u>202.00</u>
Newsletter and publicity	\$	<u>0.00</u>
Council/district leadership workshops	\$	<u>0.00</u>
Convention (State/National PTA)	\$	<u>199.00</u>
Officers' and chairmen's reimbursement	\$	<u>337.00</u>
Past president's pin	\$	<u>35.00</u>
Honorary Service Award	\$	<u>45.00</u>

Program expenses

Programs and assemblies	\$	<u>350.00</u>
Reflections Program	\$	<u>125.00</u>
Parent Involvement	\$	<u>0.00</u>
Emergency preparedness	\$	<u>0.00</u>
Hospitality	\$	<u>346.00</u>

Fundraising

Carnival	\$	<u>0.00</u>
Book fair	\$	<u>2500.00</u>
Gift wrap	\$	<u>0.00</u>
TOTAL	\$	<u>4164.00</u>

DISBURSEMENTS NOT BELONGING TO UNIT

Council, district, state, and National PTA membership per capita	\$	<u>425.00</u>
Founders Day freewill offering	\$	<u>75.00</u>
TOTAL	\$	<u>500.00</u>
TOTAL DISBURSEMENTS	\$	<u>4664.00</u>

BALANCE ON HAND *Subtract total expenses from total receipts*

	\$	<u>409.00</u>
--	----	---------------

Signature Jane Smith Date July 5, 2014



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BUDGET

FISCAL YEAR _____

Name of Unit _____ IRS EI # _____
Council _____ District PTA _____
Bank Name _____ Account # _____
Bank Address _____

BALANCE ON HAND from previous year \$ _____

ESTIMATED RECEIPTS

Interest income \$ _____
Membership dues (unit portion only) \$ _____
Fundraising (list individually) \$ _____

_____ \$ _____
_____ \$ _____

TOTAL \$ _____

RECEIPTS NOT BELONGING TO UNIT

Council, district, State and National PTA membership per capita \$ _____
Founders Day freewill offering \$ _____

TOTAL \$ _____

TOTAL RECEIPTS \$ _____

ESTIMATED DISBURSEMENTS

Operating expenses

Membership envelopes \$ _____
Insurance premium \$ _____
Newsletter and publicity \$ _____
Council/district PTA leadership workshops \$ _____
Convention (State/National PTA) \$ _____
Officers' and chairmen's reimbursement \$ _____
Past president's pin \$ _____
Honorary Service Award \$ _____

Program expenses

Programs and assemblies \$ _____
Reflections Program \$ _____
Parent Involvement \$ _____
Emergency preparedness \$ _____
Hospitality \$ _____

Fundraising

Carnival \$ _____
Book fair \$ _____
Gift wrap \$ _____

Carry-over to next year

Unallocated reserves

TOTAL \$ _____

DISBURSEMENTS NOT BELONGING TO UNIT

Council, district, State and National PTA membership per capita \$ _____
Founders Day freewill offering \$ _____

TOTAL \$ _____

TOTAL DISBURSEMENTS \$ _____

BALANCE ON HAND \$ _____

Treasurer's Signature _____ Date _____

LETTER OF DETERMINATION

<<Date>>

<<Full Name and Title>>

<<Unit Name>> [<<Unit #>>]

Dear <<First Name>>:

In response to request of this office concerning your PTA's tax-exempt status, a copy of our group ruling letter dated November 18, 1943, from Internal Revenue, which grants federal income tax exemption to all PTAs in California, is enclosed. You will note the Internal Revenue Code section at that time as referred to in the letter was 101(8)—now Section 501(c)(3) as indicated in all PTA bylaws in California. The group exemption number assigned to the California State PTA is GEN-0846.

Also enclosed is a copy of the February 24, 2010 letter from Franchise Tax Board confirming PTA's exemption from state franchise or income tax under Section 23701d of the Revenue and Taxation Code.

Both the federal and state exemption letters cover all of our divisions—local units (associations), councils and districts. The letters are issued to the California Congress of Parents and Teachers, Inc. The corporate name was changed as indicated on this letterhead by vote of the annual convention on May 5, 1978, and has been recorded and filed with the Secretary of State with certificate endorsed on August 14, 1978.

<<Unit Name>> is a unit in good standing. It was organized on <<Organization Date>> according to our official records, and is chartered as a member organization of the California Congress of Parents, Teachers, and Students, Inc.

<<Unit Name>> located at <<Street>>, <<City>>, <<State>>, <<Zip>> in the <<District Name>>, is a nonprofit, tax-exempt association under our group ruling. The Employer Identification Number (EIN) assigned to <<Unit Name>> is <<EIN Number>> and the assigned Franchise Tax Board entity number is <<FTB Number>>.

Sincerely,

KayDee Walburn
Accounting Assistant

cc: District President

LIST OF DUE DATES*

PROGRAM / PROJECT Council	State	District PTA	
IN THE STATE PTA OFFICE	DISTRICT PTA	COUNCIL	
DUES	BY DISTRICT	DUE DATE	DUE DATE
Last day for remittance of per capita dues for 15 members	December 1	_____	_____
Final Installment of per capita dues and Insurance Premiums	June 30	_____	_____
FINANCE FORMS	RECEIVED IN STATE PTA OFFICE	DISTRICT PTA DUE DATE	COUNCIL DUE DATE
Insurance premiums	December 20	_____	_____
Workers' Compensation Annual Payroll Report	January 31	_____	_____
SCHOLARSHIPS AND GRANTS	RECEIVED IN STATE PTA OFFICE	DISTRICT PTA DUE DATE	COUNCIL DUE DATE
Parent Education Grants for unit, council and district PTAs	November 15	_____	_____
Continuing Education Scholarships for credentialed teachers and counselors for school nurses for PTA volunteers	November 15	_____	_____
Cultural Arts Grants for unit, council and district PTAs	November 15	_____	_____
Healthy Lifestyles Grants for unit, council and district PTAs	November 15	_____	_____
Outreach Translation Grants for unit, council and district PTAs	November 15	_____	_____
Graduating High School Senior Scholarships	February 1	_____	_____
Leadership Development Grant Report for district PTAs	June 1	_____	_____
Grant Report for unit/council/district PTAs	June 1	_____	_____

continued

LIST OF DUE DATES* (continued)

FOUNDERS DAY	RECEIVED IN STATE PTA OFFICE	DISTRICT PTA DUE DATE	COUNCIL DUE DATE
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Freewill Offering Remittance	June 30	_____	_____
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CONVENTION

DRAFT Resolution & Convention Action Cover Sheet	October 1	_____	_____
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FINAL Resolution & Convention Action Cover Sheet	December 15	_____	_____
---	-------------	-------	-------

Registration Information Available Online	Early January	_____	_____
---	---------------	-------	-------

Registration accepted “Early registration discount” available	February-April	_____	_____
--	----------------	-------	-------

AWARDS

Ready, Set ... Remit! Award (30 memberships)	October 30	_____	_____
---	------------	-------	-------

PTA Unit Spotlight Award	February 1	_____	_____
--------------------------	------------	-------	-------

Membership Challenge Award	June 30	_____	_____
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REFLECTIONS PROGRAM

Entries and forms	Third Thursday of January	_____	
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ANNUAL HISTORIAN REPORTS FOR 2013-2014

Unit, council and district PTAs (period: July 1 through June 30)	June 1	_____	_____
---	--------	-------	-------

ROSTER OF OFFICERS

Unit and council presidents	June 1	_____	_____
-----------------------------	--------	-------	-------

District PTA officers, chairmen and council president (Exhibit D10)	June 1	_____	_____
--	--------	-------	-------

- All due dates are California State PTA due dates.
- Materials/remittances are to be received in the California State PTA office on or before the date specified.
- Units must observe council and district PTA due dates.

*Dates Subject to Change.

Records Retention Schedule and Destruction Policy

It is very important that certain records be retained. The current IRS letter of determination, the current bylaws and standing rules approved by the state parliamentarian, and articles of incorporation for incorporated PTAs must be readily accessible at all times.

Listed here are items that must be reviewed on a periodic basis and kept in a safe place. Members of the executive board must properly dispose of records by shredding the document within 30 days of the expiration of the holding period.

To assist in this process, it is recommended that upon filing records, note on the outside of the box a "Destroy After" date.

PERMANENT STORAGE

All audit reports

Articles of Incorporation

Canceled checks for important transactions (e.g., taxes, contracts). Checks should be filed with papers pertaining to each transaction.

Corporation exemption documents (if incorporated)

Reports filed with the Attorney General

Corporation reports filed with the Secretary of State

Legal correspondence

Insurance records:

- Accident reports
- Claims
- Employee Acknowledgement Forms
- Insurance Incident Reports
- Policies

Ledgers (bound)

Minutes of executive board and association (bound)

PTA Charter

Tax documents:

- Exempt status
- Group exemption
- Letter assigning IRS Employer Identification Number(EIN)
- State and federal tax forms, as filed

Correspondence with state or federal agencies

Trademark registrations

10 YEARS

Financial statements (year-end) and budgets

Grant award letters of agreement

7 YEARS

Bank statements that contain photocopies of canceled checks

7 YEARS (continued)

Cash receipt records

Checks (other than those listed for permanent retention)

Expired contracts and leases

Invoices

List of board members and their contact information

Payment authorization and expense forms (receipts attached) for payments to vendors or reimbursement to officers

Purchase orders

Sales records

3 YEARS

General correspondence

Employee records (post-termination)

Employment applications

Membership lists, including names and full contact information

1 YEAR

Bank reconciliations

Certificates of Insurance

Correspondence with vendors if non-contested

Duplicate deposit slips

Inventories of products and materials, updated yearly

Membership envelopes/forms for current membership

NOTE: Financial officers have a fiduciary responsibility to protect sensitive and confidential information. Copies of deposited checks should be shredded after the audit has been completed.

CONFLICT/WHISTLEBLOWER FORM

ANNUAL QUESTIONNAIRE

UNIT NAME _____

NAME: _____ Telephone: (____) _____

PTA POSITION: _____

Occupation: _____

Name of Employer: _____

Employer's Address: _____

City State Zip

1. I have read the California State PTA Conflict of Interest Policy (Section 2.3.2): _____ Initial
2. I have read the California State PTA Whistleblower Policy (Section 2.3.11): _____ Initial
3. I understand that as a board member, I have a responsibility to review the tax return: _____ Initial
4. Are you currently being compensated by the PTA for services rendered to the organization (whether as a part-time or full-time employee, independent contractor, consultant or otherwise) within the previous 12 months? ☐ Yes ☐ No
5. Do you anticipate the receipt of compensation from the PTA for the rendering of services as described in question 1 above during the upcoming 12 months? ☐ Yes ☐ No
6. If any person bearing any of the following relationships to you is currently being compensated by the PTA for services rendered to it as described in question 4 above within the previous 12 months, please list his or her name in the following space and indicate the person's relationship to you by using the relationships designated below (if no such person is being compensated, please print the word "none" in the first space): ☐ Yes ☐ No

Relationships: brother, sister, ancestor, descendent, spouse, brother-in-law, sister-in-law, son-in-law, daughter-in-law, mother-in-law, father-in-law
Name _____ Relationship _____
7. If any person bearing any relationship to you as described in question 6 above anticipates the receipt from the PTA for the rendering of services to it as described in question 4 above within the next 12 months, please list his or her name in the following space and indicate this person's relationship to you (if no such person anticipates receipt of such compensation, please print the word "none" in the first space).
Name _____ Relationship _____
8. Are you a director, an officer, an employee or an owner in any business or entity which has done business within the previous 12 months with the California State PTA, or currently is, or is contemplating doing business with the business? ☐ Yes ☐ No

If yes, please explain type of business, type(s) of transaction(s), relationship:

Date: _____, 20____

Signature _____

Type or print name _____

**APPLICATION FOR REGISTRATION
NONPROFIT RAFFLE PROGRAM**
(California Penal Code section 320.5)

The registration period is September 1 to August 31.
After August 31, a new registration is required.

A CHECK IN THE AMOUNT OF \$20 MADE PAYABLE TO
DEPARTMENT OF JUSTICE MUST ACCOMPANY THIS
REGISTRATION FORM

MAIL TO:
Office of the Attorney General
Registry of Charitable Trusts
P.O. Box 903447
Sacramento, CA 94203-4470

STREET ADDRESS:
1300 I Street
Sacramento, CA 95814
Telephone: (916) 445-3021

WEBSITE ADDRESS:
www.oag.ca.gov/charities

Proof of California Franchise Tax Board exempt status must be attached to this registration application. This application will otherwise be deemed deficient and returned to the organization.		(For Registry Use Only)	
Name of Organization <input type="text"/>		Raffle Registration Number: <input type="text"/>	
Address of Organization <input type="text"/>		Provide at least one of the following:	
City or Town, State and ZIP Code <input type="text"/>		Federal Employer Identification Number (FEIN): <input type="text"/>	
E-mail Address <input type="text"/>		Corporate Number: <input type="text"/>	
Telephone Number <input type="text"/>		Organization Number: <input type="text"/>	
Fax Number <input type="text"/>		State Charity Registration Number: <input type="text"/>	
Specify the organization's tax - exempt status pursuant to California Revenue and Taxation Code section:			
<input type="checkbox"/> 23701a Labor, agricultural, or horticultural organizations	<input type="checkbox"/> 23701g Nonprofit pleasure and recreation clubs		
<input type="checkbox"/> 23701b Fraternal beneficiary societies, orders or associations	<input type="checkbox"/> 23701k Religious or apostolic corporations having common or		
<input type="checkbox"/> 23701d Religious, charitable, scientific, testing for public safety, literary, educational, amateur sports or prevention of cruelty to children or animals organization	<input type="checkbox"/> 23701l Domestic fraternal societies, orders or associations		
<input type="checkbox"/> 23701e Business leagues, chambers of commerce, real estate boards, and boards of trade	<input type="checkbox"/> 23701t Homeowners and associations		
<input type="checkbox"/> 23701f Civic leagues, social welfare organizations and local employee organizations	<input type="checkbox"/> 23701w Veterans organizations		
Proposed date(s) of raffle(s) [REQUIRED] <input type="text"/> <small>(month/day/year)</small>			
By signing this application for registration, I hereby certify all of the following: 1. <input type="checkbox"/> Applicant is a private, nonprofit organization, 2. <input type="checkbox"/> Applicant has been qualified to conduct business in the State of California for at least one year prior to the raffle first held and 3. <input type="checkbox"/> all information provided on this application is true and correct.			
Signature of Authorized Officer or Director Who Prepared This Form <input type="text"/>		Date <input type="text"/>	
Printed Name of Authorized Officer or Director <input type="text"/>		Title of Authorized Officer or Director <input type="text"/>	

NONPROFIT RAFFLE REPORT



A report must be completed for each year in which a raffle was conducted (September 1 through August 31).

Reports are due on or before October 1.
(California Penal Code section 320.5)

MAIL TO:
Office of the Attorney General
Registry of Charitable Trusts
P.O. Box 903447
Sacramento, CA 94203-4470

STREET ADDRESS:
1300 I Street
Sacramento, CA 95814
Telephone: (916) 445-2021

WEBSITE ADDRESS:
www.oag.ca.gov/charities

PART A: General Organization Reporting Information

Name of Organization	Provide at least one of the following:
Address of Organization	
City or Town, State and ZIP Code	
E-mail Address	
Telephone Number	
Fax Number	
	Raffle Registration Number: _____
	Federal Employee Identification Number (FEIN): _____
	Corporate Number: _____
	Organization Number: _____
	State Charity Registration Number: _____

Part B: Raffle Information

1. Raffle year ending August 31, _____ (Year)
2. Aggregate gross receipts from the operation of raffle(s): \$ _____
3. Aggregate direct costs incurred by the organization from the operation of raffle(s): \$ _____
4. Were funds from sources other than ticket sales used to pay for administration or other costs of conducting the raffle(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, 4(A) Total funds from sources other than ticket sales used for the administration or other costs of conducting the raffle(s)? _____ 4(B) What was the source of these funds? _____
5. Describe the charitable or beneficial purpose for which the raffle proceeds were used. _____
6. Were some or all of the raffle proceeds used for the benefit of another eligible organization? <input type="checkbox"/> Yes <input type="checkbox"/> No 6(A) If the answer to 6 above is yes, provide the following information for each organization for which the proceeds were used. Attach additional sheets of paper, if necessary. _____

Charitable Trust Application
Page 1 of 3

Registry of Charitable Trusts
P.O. Box 903447
Sacramento, CA 94203-4470
Telephone: (916) 445-2021

WEBSITE ADDRESS:
<http://ag.ca.gov/charities/>

**INITIAL
REGISTRATION FORM
STATE OF CALIFORNIA
OFFICE OF THE ATTORNEY GENERAL
REGISTRY OF CHARITABLE TRUSTS**
(Government Code Sections 12680-12688.7)



NOTE: A \$25.00 REGISTRATION FEE MUST ACCOMPANY THIS REGISTRATION FORM. MAKE CHECK PAYABLE TO DEPARTMENT OF JUSTICE.

Pursuant to Section 12585, registration is required of every trustee subject to the Supervision of Trustees and Fundraisers for Charitable Purposes Act within thirty days after receipt of assets (cash or other forms of property) for the charitable purposes for which organized.

Every charitable (public benefit) corporation, association and trustee holding assets for charitable purposes or doing business in the State of California must register with the Attorney General, except those exempted by California Government Code section 12583. Corporations that are organized primarily as a hospital, a school, or a religious organization are exempted by Section 12583.

Name of Organization: **A.P. Giannini Middle PTA**

The name of the organization should be the legal name as stated in the organization's organizing instrument (i.e., articles of incorporation, articles of association, or trust instrument).

Official Mailing Address for Organization:

Address: **3151 Ortega Street**

City: **San Francisco**

State: **CA**

ZIP Code: **94122**

Organization's telephone number:

Organization's e-mail address:

Organization's fax number:

Organization's website:

All organizations must apply for a Federal Employer Identification Number from the Internal Revenue Service, including organizations that have a group exemption or file group returns.

Federal Employer Identification Number (FEIN): **943104531**

Group Exemption FEIN (if applicable): **0646**

All California corporations and foreign corporations that have qualified to do business in California will have a corporate number. Unincorporated organizations are assigned an organization number by the Franchise Tax Board upon application for California tax exemption.

Corporate or Organization Number: **8026752**

MAIL TO:
 Registry of Charitable Trusts
 P.O. Box 905447
 Sacramento, CA 94203-4479
 Telephone: (916) 445-3321

WEB SITE ADDRESS:
<http://irs.ca.gov/charitable>

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code
 11 Cal. Code Regs. sections 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code section 12586.1. IRS extensions will be honored.



State Charity Registration Number <input style="width: 100%;" type="text"/>		Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report	
Name of Organization <input style="width: 100%;" type="text"/>		Corporate or Organization No. <input style="width: 100%;" type="text"/>	
Address (Number and Street) <input style="width: 100%;" type="text"/>		Federal Employer I.D. No. <input style="width: 100%;" type="text"/>	
City or Town, State and ZIP Code <input style="width: 100%;" type="text"/>			

ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312)
 Make Check Payable to Attorney General's Registry of Charitable Trusts

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between 100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

PART A - ACTIVITIES
 For your most recent full accounting period (beginning , , ending ,) list:
 Gross annual revenue \$ Total assets \$

PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT
 Note: If you answer "yes" to any of the questions below, you must attach a separate sheet providing an explanation and details for each "yes" response. Please review RRRF-1 Instructions for information required.

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?	<input type="checkbox"/>	<input type="checkbox"/>
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?	<input type="checkbox"/>	<input type="checkbox"/>
3. During this reporting period, did non-program expenditures exceed 50% of gross revenues?	<input type="checkbox"/>	<input type="checkbox"/>
4. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 40720 with the Internal Revenue Service, attach a copy.	<input type="checkbox"/>	<input type="checkbox"/>
5. During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes," provide an attachment listing the name, address, and telephone number of the service provider.	<input type="checkbox"/>	<input type="checkbox"/>
6. During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number.	<input type="checkbox"/>	<input type="checkbox"/>
7. During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment indicating the number of raffles and the date(s) they occurred.	<input type="checkbox"/>	<input type="checkbox"/>
8. Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.	<input type="checkbox"/>	<input type="checkbox"/>
9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?	<input type="checkbox"/>	<input type="checkbox"/>

Organization's area code and telephone number () -
 Organization's e-mail address

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.

<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<small>Signature of authorized officer</small>	<small>Printed Name</small>	<small>Title</small>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<small>Date</small>		

Save As

Print

Reset Form

RRR-1 (3-05)



199N e-Postcard - Confirmation

Print this page for your records. The Confirmation Number below is proof that you successfully filed your e-Postcard.

We received your FTB 199N California e-Postcard on January 10, 2014 09:44 AM.

Confirmation Number:	802408901000
Entity ID:	8024089
Entity Name:	CARSON STREET ELEMENTARY PTA
Account Period Beginning:	JULY 01, 2012
Account Period Ending:	JUNE 30, 2013
This is not your entity's first year in business.	
Your entity has not terminated or gone out of business.	
Your entity has not changed the account period.	
Gross Receipts:	\$43,457
This is not an amended return.	
An IRS Form 1023/1024 is not pending.	
Date IRS Form 1023/1024 Filed:	N/A
FEIN:	956205109
Doing Business As:	CARSON STREET ELEMENTARY PTA
Website Address:	WWW.CARSONSTREET.ORG

990N Confirmation of Receipt

From: epostcard@urban.org

Subject: Form 990-N E-filing Receipt - IRS Status: Accepted

Date: 4November2013 at 5:10 PM

To: norburypta@mac.com

Organization: PTA CALIFORNIA CONGRESS OF PARENTS TEACHERS & STUDENTS INC

EIN: 94-3322533

Submission Type: Form 990-N

Year: 2012

Submission ID: 7800582013308fb28940

e-File Postmark: 11/4/2013 8:04:14 PM

Accepted Date: 11/4/2013

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

Thank you for filing.

e-Postcard technical support

Phone: 866-255-0654 (toll free)

email: ePostcard@urban.org

PTA CALIFORNIA CONGRESS OF PARENTS

TEACHERS & STUDENTS INC

% Treasurer Second District PTA

555 Franklin Street

San Francisco, CA 94102



everychild.onevoice.

EVERY UNIT, COUNCIL AND DISTRICT PTA
MUST COMPLETE AND RETURN THIS FORM EVEN IF NO ONE WAS PAID

WORKERS' COMPENSATION ANNUAL PAYROLL REPORT

(Attach insurance premium payment to Report and forward to council/district PTA to meet council/district due date.
Payment must be received at State office from district PTA on or before January 31.)

Name of PTA _____ District PTA _____
Address _____ Council _____
City _____ Zip _____

Please note: List only those employees that PTA pays directly. Attach copies of all DE-6 and DE-542. Do NOT list monies donated to school district for employee salaries. Do NOT list company name, only individual names.

	NAME OF WORKER	TYPE OF WORK BE SPECIFIC	DOES PERSON PAID CARRY HIS/HER OWN WORKERS' COMPENSATION INSURANCE?		DATES WORKED JAN 5, ____ TO JAN 4, ____	PAYROLL AMOUNT PAID
			YES*	NO		
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
A	Total Payroll for ALL Employees					
B	Less \$1,000					- \$1,000.00
C	Gross Payroll					
D	Premium due for additional Workers' Compensation insurance coverage. 3.5% of Gross Payroll (Line C)					

*If yes, worker must supply the PTA with a Certificate of Insurance from his/her Workers' Compensation insurance carrier.
This report form must be completed and forwarded through channels to reach the California State PTA office no later than January 31.

- Unit, council and district PTAs are required to file this form, even if no one was paid.
- Report ALL paid workers – attach additional Payroll Report detail pages(s) as necessary.
- Attach copies of quarterly employee reporting forms DE-6 and DE-542 for Independent Contractors.
- Write "NO ONE PAID" across form if no one was paid.
- Must be signed by treasurer or president.
- Forward through channels (unit to council to district). DO NOT send directly to the California State PTA office.
- See California State PTA Toolkit, "Workers' Compensation Annual Report," 5.3.3i for more information.

Date _____ Signed _____
Telephone _____ Position _____

PTA UNIT – ANNUAL HISTORIAN REPORT FORM

Reporting Period – July 1 to June 30, _____

Instructions:

Complete this form and file it in your Historian's procedure book

Make 2 copies of your completed form:

- Give 1 copy to your unit secretary to file with the minutes.
- Send 1 copy – through channels – to your PTA council/district.
Check your council/district due date.

Why do PTAs submit reports?

California State PTA requires filing of this report as stated in PTA bylaws. Information on volunteer hours is used for audits, advocacy and grant applications.

Tips – Reporting Volunteer Hours:

Total your unit's volunteer hours projected to June 30

Remember to include time spent by your members involved in:

- PTA activities benefiting children.
- Unit, council, district, state and National PTA programs, projects and training.
- PTA-related meetings as well as travel, phone, email and paperwork time.

UNIT INFORMATION *(Please Print)*

PTA/PTSA Name: _____

☐ Preschool ☐ Elementary School ☐ Jr./Middle School ☐ High School ☐ Other

District PTA Number/Name: _____

State PTA Identification #: _____

number

See bylaws or mailing labels from State PTA for ID

Report Completed by: ☐ Historian ☐ President ☐ Other

Name: _____

Street Address: _____

City/Zip: _____

Phone #: _____ Email: _____

President's Name: _____

President's Signature: _____

DATE: _____

TOTAL VOLUNTEER HOURS REPORTED = _____

03/2012

Form Fitting: Keeping Your PTA in Good Shape Resources

California State PTA

capta.org

Tax Filing Support Center

capta.org/sections/finance/tax-filing-center.cfm

California State PTA Toolkit

State of California

199N

ftb.ca.gov/online/199N_ePostcard/

RRF-1

oag.ca.gov/sites/all/files/pdfs/charities/charitable/rrf1_form.pdf

Internal Revenue Service

990N

epostcard.form990.org/

990EZ

irs.gov/pub/irs-pdf/f990ez.pdf