OMB No. 1545-0047 2021 Open to Public Inspection

intment of the Treasury hal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

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

Fort	he 2021 calendar year, or tax year beginning $0.7/01/21$ , and ending $$	06/30/	22	1 (4)76.		_
Check i	applicable: C Name of organization		D En	nployer identific	ation number	
Addres	s change ELEMENTARY SCHOOL	PTO				
Name o	Doing business as		Room/suite E_Te	ephone number		_
Initial ro	Number and street (or P.O. box it mail is not delivered to street address)		Nochradia			
Final re						
termina			<b>G</b> Gr	oss receipts \$	208,2	286
Amend	ed return F Name and address of principal officer:				.D	7
Applica	tion perding		H(a) Is this a group retu	m for subordinate	es? Yes X	No No
			H(b) Are all subordinal	tes included?	Yes	No
			if "No," attach	n a list. See instru	zacitou	
Taylor	empt status: X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or	527				
Websi	14/7		H(c) Group exemption	number 🕨		
	forganization: Corporation Trust Association X Other ▶ PTO	L Y	ear of formation:	M State	e of legal comicile:	TN
art I	All the second s					
-	Briefly describe the organization's mission or most significant activities:					0.00
1	TO RAISE FUNDS FOR SCHOOL	L.				2.755
		A		<b>A</b>		20.000
				HARDON COMMO		
2	Check this box ▶ if the organization discontinued its operations or disposed of r	nore than 2	% 's ne			
	Number of voting members of the governing body (Part VI, line 1a)			3   19		
	Number of independent voting members of the governing body (Part VI, line 1b)			4 19		
	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			5 0		
	Total number of volunteers (estimate if necessary)	- C		6 0		
	Total unrelated business revenue from Part VIII, column (C), line 12	1		7a		0
	Net unrelated business taxable income from Form 990-T, Part I, line 11	/ /6	VIII 11 11 11 11 11 11 11 11 11 11 11 11	7b		0
1 -	Net difference positions (examine from 1 offices 17) and 11		Prior Year		Current Year	
8	Contributions and grants (Part VIII, line 1h)		35,3	41	58,5	45
	Program service revenue (Part VIII, line 2g)					0
	Investment income (Part VIII, column (A), lines 3, 4, and 7d)			75		69
	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, at 11		85,4	77	68,2	16
	Total revenue - add lines 8 through 11 (must equal Part Y I, colum (A), Jie 12)	ARRESTOR :	120,8	193	126,8	30
	Grants and similar amounts paid (Part IX, column (A), lines 1–3)					0
	Description and the exploration of Dest IV	6400000000000				0
	Salaries, other compensation, employed enefits (Part IX, doumn (A), lines 5–10)					0
	Professional fundralsing fees (Part Lacolumn / Jine 11e)	4 5 7 4 6 7 7 7 7 7 7				0
	Total fundraising expenses (Part IX, co. pr. ), line 25	0	STATE OF THE STATE OF			
	Other expenses (Part IX, column (A), lines (4–11d (–24e)	one on	113,0	15	144.7	792
10	Total expenses. Add lines 13–17 (must equal column (A), line 25)	300000000000000000000000000000000000000	113,0		144,7	
		\$200000000000	7,8		-17,9	
19	Revenue less expenses. Subtract line 18 from line 12	***************************************	Beginning of Current Y		End of Year	
20	Total assets (Part X, line 16)		149,1	92	131,2	230
A .	Total liabilities (Part X, line 26)			0		0
	Net assets or fund balances. Subtract line 21 from line 20		149,1	92	131,2	230
'art II	Signature Block					
	nalties of perjury, I declare that I have examined this return, including accompanying schedule:	s and stateme	nts, and to the best of	my knowledge	and belief, it is	j
Je, com	ect, and complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparer h	nas any knowledge.			
jn .	Signature of officer			Date		
re		PRESI	DENT			
	Type or print name and title					
	PrioriType preparer's name Preparer's signature		L.Cate.	Charles VIII	PTIN	
d						
parer	Firm's name					
Only	Firm's name		H			
	Simila address					
the IF	Firm's address		Company Makes		Xi Yes	No

Form 990-N

## **Electronic Notice (e-Postcard)**

OMB No.

Department of the Treasury Internal Revenue Service for Tax-Exempt Organization not Required to File Form 990 or 990-EZ

2022

Open to Public Inspection

B Check if available The Terminated for Business	C Name of Organization: PARENT TEACHER ORGANIZATION	D Employee Identification Number
Gross receipts are normally \$50,000 or less		
E Website:	F Name of Principal Officer:	

Privacy Act and Paperwork Reduction Act Notice: We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to give us the information. We need it to ensure that you are complying with these laws.

The organization is not required to provide information requested on a form that is subject to the Paperwork R diction at unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as the confidence of any Internal Revenue law. The rules governing the confidentiality of the Form 990-N is confidential to esection 6104.

The time needed to complete and file this form and related schedules will vary depending on the individual circ stances. The estimated average times is 15 minutes.

Note: This image is provided for your records only. Do Not mail this page to the IRS. The IR will not cept this filing via paper. You must file your Form 990-N (e-Postcard) electronically.



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Your Form 990-N(e-Postcard) has been submitted to the IRS

Organization Name: PARENT TEACHER ORGANIZATION

• EIN:

Tax Year: 2022

Tax Year Start Date: 07-01-2022Tax Year End Date: 06-30-2023

Submission ID:

Filing Status Date:

· Filing Status: Pending

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