990-EZ

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)

2013

OMB No. 1545-1150

Open to Public

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 www.irs.gov/form990.

Inspection Internal Revenue Service A For the 2013 calendar year, or tax year beginning 2013, and ending June 30,2014 B Check if applicable: C Name of organization D Employer identification number 23-7210245 Address change Name change Room/suite E Telephone number Initial return 732 360-Terminated state or province, country, and ZIP or foreign postal code F Group Exemption Amended return Number ▶ Application pending G Accounting Method: H Check ► Xif the organization is not I Website: ▶ required to attach Schedule B J Tax-exempt status (check only one) - X 501(c)(3) (Form 990, 990-EZ, or 990-PF). 501(c) (**□**527) ◀ (insert no.) 🔲 4947(a)(1) or ☐ Trust ☐ Association Other L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Check if the organization used Schedule O to respond to any question in this Part I Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 2 3 3 4 Gross amount from sale of assets other than inventory 5a 5b Less: cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . 5c Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than PRO Revenue 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) . . . c Less: direct expenses from gaming and fundraising events . . . Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract 21,813 6d Gross sales of inventory, less returns and allowances . 7a Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 8 Other revenue (describe in Schedule O) 8 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 10 Grants and similar amounts paid (list in Schedule O) . . 10 11 Benefits paid to or for members 11 CANINED DEC 0 9 2014 12 Salaries, other compensation, and employee benefits . . . 12 13 Professional fees and other payments to independent contractors. 13 700 Occupancy, rent, utilities, and maintenance . . 14 14 15 Printing, publications, postage, and shipping . . . 15 16 Other expenses (describe in Schedule O) 16 17 17 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 18 Net Assets Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 19 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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No. 106421



Pa	Balance Sheets (see the instructions f					
	Check if the organization used Schedule	O to respond to ar				<u> </u>
				(A) Beginning of year		B) End of year
22	Cash, savings, and investments			11,592	22	10,584
23	Land and buildings				23	
24	Other assets (describe in Schedule O)		i —		24	12 65 1
25	Total assets			11,592	25	10,584
26	Total liabilities (describe in Schedule O)		<u> </u>	11 = 60	26	:
27 Par	Net assets or fund balances (line 27 of column Statement of Program Service Accom			11,592	27	10,584
Fall	Check if the organization used Schedule	•		•		Expenses
Wha	t is the organization's primary exempt purpose?	O to respond to a	iy question in this i	-aitiii		lired for section)(3) and 501(c)(4)
			• • • • • • • • • • • • • • • • • • •			izations and section
as n	ribe the organization's program service accompli- leasured by expenses. In a clear and concise mons benefited, and other relevant information for ea	anner, describe the ach program title.			4947(for ot	a)(1) trusts; optional hers.)
28	All peograms benefit		choul Studi	ents		
	Cappenxinately	600 stud	ents)			42.01.11
	(Grants \$) If this amount	includes foreign gra	ints, check here .	▶ 🗆	28a	23,811.
29						
	(Grants \$) If this amount	includes foreign gra	ints, check here .	<u> ▶ 🛚</u>	29a	
30						
	(Cronto \$) If this amount	includes foreign are	nto cheek here		00-	
24	(Grants \$) If this amount Other program services (describe in Schedule O)	includes foreign gra	ints, check here .		30a	····
31	· • · · · · · · · · · · · · · · · · · ·	includes foreign gra			31a	
32	Total program service expenses (add lines 28a	through 31a)	ints, check here .	· · ·	32	
	List of Officers, Directors, Trustees, and Key					tions for Part I\A
	Check if the organization used Schedule					•
	3	(b) Average	(c) Reportable	(d) Health benefits,		
	(a) Name and title	hours per week devoted to position	compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	contributions to employ benefit plans, and deferred compensation	ot	Estimated amount of her compensation
	Slaffached					
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	· · · · · · · · · · · · · · · · · · ·			!		· · · · · · · · · · · · · · · · · · ·
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		1				
					+-	
		1				
						

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 34 35a 35b	Yes	No V
detailed description of each activity in Schedule O	34 35a		V
copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	35a		/
activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		/
Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	35b		V
	35c		<u> </u>
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		/
Enter amount of political expenditures, direct or indirect, as described in the instructions Did the organization file Form 1120-POL for this year?	37b 38a		
	7 18 4 18 18 18 18 18 18 18 18 18 18 18 18 18		20.742
- - - - 			
Gross receipts, included on line 9, for public use of club facilities			
·	40b		3 / - } - 1
Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	には、		
Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization	1417		
All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		
List the states with which a copy of this return is filed ► New Jersey			
			634
At any time during the calendar year, did the organization have an interest in or a signature or other authority over	<u>83/</u>	Yes	No
	42b	* 5. () *	レ
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		· · · · · · · · · · · · · · · · · · ·	1 - 4 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
	42c	- N - 1	/
Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		, I	▶ □
Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	442	Yes	No
·	417 \$	(ik' • ,	V
·	44c 44d	,	
Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		
	during the year? If "Yes," complete applicable parts of Schedule N Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a Did the organization file Form 1120-POL for this year? 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? If "Yes," complete Schedule L, Part II and enter the total amount involved 38b Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4915 Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-E2? If "Yes," complete Schedule L, Part I. Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization has provided the organization in the states with which a copy of this return is filled ▶ The organization's books are in care of ▶ Cashay Democration a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T The organization's books are in care of ▶ Cashay Democratics account, or other financial account)? Telephone no. ▶ ?; Located at ▶ 17. Headher year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: ▶ 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 year? I	during the year? If "Yes," complete applicable parts of Schedule N Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a	during the year? If "Yes." complete applicable parts of Schedule N Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a

							res	NO
46	Did the organization engage, directly or in	ndirectly, in political c	ampaign activities on	behalf of o	r in opposi	tion		
_	to candidates for public office? If "Yes," of		, Part I	<u> </u>		. 46	<u> </u>	/
Part	() ()	•						
	All section 501(c)(3) organization	s must answer que	stions 47–49b and	52, and co	mplete th	e tables	for lin	ies
	50 and 51.							
	Check if the organization used Sc	hedule O to respond	to any question in the	nis Part VI		<u></u> .		. 🗆
							Yes	No
47	Did the organization engage in lobbying		section 501(h) election	n in effect	during the	tax		
	year? If "Yes," complete Schedule C, Par	tll				. 47	r	\ V
48	Is the organization a school as described i	n section 170(b)(1)(A)(i	i)? If "Yes," complete \$	Schedule E		. 48	3	1
49a	Did the organization make any transfers t	o an exempt non-cha	ritable related organiz	ation?		. 49	a	レ
b	If "Yes," was the related organization a se	ection 527 organizatio	on?			. 49	b	
50	Complete this table for the organization's	five highest compen	sated employees (oth	er than offi	cers, direc	tors, trus	tees ar	nd ke
	employees) who each received more than	n \$100,000 of comper	nsation from the organ	nization. If t	here is non	e, enter "	'None.'	,,
		(b) Average	(c) Reportable	(d) Health	benefits,			
	(a) Name and title of each employee	hours per week	compensation		to employee and deferred	(e) Estima	ated amo ompensa	
		devoted to position	(Forms W-2/1099-MISC)	compe		Outer CC	nibelisa	HOH
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		· · · · · · · · · · · · · · · · · ·				 		
						\vdash		
				ļ				
	Total number of other employees paid ov	er \$100.000		<u> </u>				
51	Complete this table for the organization				ba aaal			
31	\$100,000 of compensation from the organization	nization. If there is no	one, enter "None "	Contractors	will each	receive	u more	e mar
			1					
	(a) Name and business address of each independ	dent contractor	(b) Type of serv	ice	(c) Compensa	ation	
			1					
			1					
	10 4- 00 1							
	NDN		1					
								
	Total number of other lades and art and							
	Total number of other independent contra							
52	Did the organization complete Schedule							
	nonexempt charitable trusts must attach							
	penalties of perjury, I declare that I have examined this irrect, and complete /Þeclaration of preparer (other tha							
	The samples of property of the same of the	de de la companya de						
Sian.	Signature of officer	ag						
Sign	Signature of officer	this To						
Here	Type are the same to be 15	IND /10						
	Type or print name and title	Decision of the state of						
Paid	Print/Type preparer's name	Preparer's signature						
Prep	parer Lorraine Kelly	1						
Use	Only Firm's name > 31 Lakeri	de Perus						
	Firm's address ► Waraway	NU 077						
Mav tl	he IRS discuss this return with the prepare	r shown above? S						

SCHEDULE A (Form 990 or 990-EZ)

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.

2013

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.
► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

lame 1	of th	e organization	555 - Ja.	mes McDiv	, HS	Cherl	PI	4	· ^ -	dentification - 72//	n number クタ <i>4</i> (_	
Par	á			rity Status (All orga	nizations	s must c	omplete	this par		707 4	ons.		
1 2 3 4		A church, con A school desc A hospital or a A medical rese	vention of church ribed in section a cooperative hos earch organizatio	tion because it is: (Fones, or association of 170(b)(1)(A)(ii). (Attacspital service organization operated in conjunc	churches th Schedu ation desc	describe ale E.) cribed in s	ed in sec section 1	tion 170(170(b)(1)((b)(1)(A)(i (A)(iii).		(iii). Ent	er the	
5		An organization	ne, city, and state on operated for t)(1)(A)(iv). (Comp	the benefit of a colle	ge or univ	versity ov	vned or	operated	by a go	vernmen	tal unit	describ	ed in
6 7		A federal, state An organization	e, or local governon that normally	nment or government receives a substantia (A)(vi). (Complete Par	l part of					nit or fron	n the ge	eneral p	oublic
8 9	×	An organization receipts from support from	on that normally activities related gross investme	n section 170(b)(1)(A) receives: (1) more that I to its exempt funct nt income and unre fter June 30, 1975. Se	an 331/3% ions—sub lated bus	of its su oject to d siness tax	ipport fro ertain ex cable inc	ceptions	s, and (2) ss sectio	no more	e than 3	331/3%	of its
10 11		An organization An organization purposes of o	on organized and on organized and one or more pub	operated exclusively of operated exclusive licly supported organdescribes the type of	to test fo ely for th nizations	r public s e benefit described	afety. Se of, to p	ee sectio perform f ion 509(a	n 509(a)(the funct a)(1) or se	tions of, ection 50	9(a)(2).		
e		other than four or section 509 If the organiz	indation manage (a)(2).	II c Type II that the organization as and other than one written determination	is not cor e or more	ntrolled d publicly	irectly or support	indirectled organ	y by one izations o	described	disquali d in sect	ified pe tion 509	rsons 9(a)(1)
9	i	-	17, 2006, has th	ne organization acce	pted any	gift or co	ontributio	n from a	iny of the	•			
		(iii) below,	the governing bo	ndirectly controls, eithody of the supported on described in (i) about	organizati	ion?			describe	d in (ii) a 	nd 11g(-	No
h	I			a person described ir on about the support							11g(i	iii)	
(1)		e of supported ganization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) is the o	rganization	the organ col. (i) supp	ou notify nization in of your port?	organizat (i) organi	Is the tion in col. ized in the S.?	(vii) Amo	ount of mo support	onetary
					Yes	No	Yes	No	Yes	No	<u> </u>		
(A)													
(B)													·
(C)													
(D)													
(E)							,		ļ.,,		<u> </u>		·
	_		1	9 ·	***	,	'		,	1			

Part							
	(Complete only if you checked th						alify under
Saati	Part III. If the organization fails to on A. Public Support	o quality unde	er the tests lis	sted below, p	lease comple	te Part III.)	
	dar year (or fiscal year beginning in)	(a) 2000	(b) 2010	(a) 2011	(4) 2012	(-) 2012	6 Total
Calen	Gifts, grants, contributions, and	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
•	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		7.	· · · · · · · · · · · · · · · · · · ·			
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on	The state of the s	The state of the s		The state of the s	in a second second	
	line 1 that exceeds 2% of the amount	'		, " " " " " " . " . " . " . " . " . " .	2		
_	shown on line 11, column (f)			, , , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , , ,		
6	Public support. Subtract line 5 from line 4.	<u> </u>	<u> </u>	1		ll	·
	on B. Total Support idar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(a) 2011	(4) 2012	(0) 2012	6 Total
7	Amounts from line 4	(a) 2009	(0) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
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 IV.)						
11	Total support. Add lines 7 through 10		No. of year	"Agen."	41 mr. +	15, 53,000	
12 13	Gross receipts from related activities, etc First five years. If the Form 990 is for the organization, check this box and stop he	he organizatio	n's first, secon			12 ear as a sectio	
Secti	on C. Computation of Public Suppor						
14	Public support percentage for 2013 (line			1, column (f))		14	%
15	Public support percentage from 2012 Sci					15	%
16a	331/3% support test—2013. If the organi box and stop here. The organization qua	alifies as a pub	licly supported	organization			. ▶ 🗆
b	331/3% support test—2012. If the organ check this box and stop here. The organ					15 is 331/3%	or more, . ► □
17a	10%-facts-and-circumstances test—2: 10% or more, and if the organization me Part IV how the organization meets the "forganization".	ets the "facts- facts-and-circu	and-circumsta	inces" test, ch	eck this box ar	nd stop here. E	xplain in
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organiza Explain in Part IV how the organization m supported organization	tion meets the neets the "fact	e "facts-and-c	ircumstances" tances" test. 1	test, check th	nis box and st	op here.
18	Private foundation. If the organization di				a, or 17b, chec	k this box and	see

Part	e A (Form 990 or 990-EZ) 2013 Support Schedule for Organiza	ations Descri	had in Sacti	ion 500(a)(2)			Page 3
Part	(Complete only if you checked the				ization failed :	o qualify up	dor Dart II
	If the organization fails to qualify						der Part II.
Secti	on A. Public Support	diddi the tec	313 listed bek	ow, picase ce	inpicte i ait	1.)	
	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees		_				0 (0-
	received. (Do not include any "unusual grants.")	1.575	2,960	1330	2,358	1,274	9.497
2	Gross receipts from admissions, merchandise sold or services performed, or facilities				7		7
	furnished in any activity that is related to the	111001	(1 01)	-7001	110.10	THE	- B 1 A A -
_	organization's tax-exempt purpose	64,021	62,031	57,824	49,495	57,856	29/227
3	Gross receipts from activities that are not an unrelated trade or business under section 513	,				•	,
4	Tax revenues levied for the organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
9	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5	65,596	64991	59,154	51,853	59130	300,724
7a	Amounts included on lines 1, 2, and 3				.,,		7,00
	received from disqualified persons .		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·			
b	Amounts included on lines 2 and 3				1		}
	received from other than disqualified	}					
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year			ł	'		
_	Add lines 7a and 7b	<u> </u>		 			
8	Public support (Subtract line 7c from	A CONTRACTOR OF THE PROPERTY AND A	WAS METSLEST	Carrier Editor		**************************************	
Ū	line 6.)						300,72
Secti	on B. Total Support	Land Don't side of Jake harring a first	Britter Care	ATTE SERVICE STREET, SERVICE S	Transfer of the second	CONTRACTOR OF THE PARTY.	1
	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6	65,596	64.991	59 154	51.853	59,130	300,729
10a	Gross income from interest, dividends,			,		- 77	
	payments received on securities loans, rents,	1 1	,	,	2		14
	royalties and income from similar sources .	_ d	/	/	0	<u></u>	7
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses acquired after June 30, 1975	[1		D	0
_	Add lines 10a and 10b	2	,	 	0	0	12
11	Net income from unrelated business	-		 '			9
••	activities not included in line 10b, whether			1			
	or not the business is regularly carried on			ļ			
12	Other income. Do not include gain or						
	loss from the sale of capital assets			ļ			ļ
	(Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,	1000	14662	59155	- 1 6/63	~ ·	2 2 2 2 2 0
	and 12.)	63,310	61,112	3 / /33	51,833	59,130	300,728
14	First five years. If the Form 990 is for the	-	· ·	•	•		, ,, ,
Co1	organization, check this box and stop he				· · · · ·	· · · · ·	•
<u>5ecu</u> 15	on C. Computation of Public Suppo			12 ookuma (6)		145	15.000
	Public support percentage for 2013 (line Public support percentage from 2012 Sc					15	100%
				· · · · · ·		101	<i>77.77</i> %
16	on D. Computation of Investment In	COME Perce	MIACIA				
16 Secti	on D. Computation of Investment In Investment income percentage for 2013			v line 13. colu	mp (fl)	17	0 %
16	Investment income percentage for 2013 Investment income percentage from 2013	(line 10c, colun	nn (f) divided b			17	O % O %

b 331/3% support tests-2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

ame c	of the organization	a MID.	4	3 < 100	1 000	Employer identific	10245
<u> </u>	TA Congerss - James Fundraising Activities.	Complete if the	<i>VI II</i> ne organiza	ation answ	vered "Yes" to F	orm 990 Part IV I	ine 17
Par	Form 990-EZ filers are n				voica res to i	omi 550, i ait iv, i	IIIC 17.
1	Indicate whether the organization				owing activities. C	heck all that apply.	
а	☐ Mail solicitations		e [Solicitati	ion of non-govern	ment grants	
þ	☐ Internet and email solicitation	ns	f [] Solicitati	ion of government	grants	
C	☐ Phone solicitations		g [] Special i	fundraising events	}	
d	☐ In-person solicitations				_		
2 a	Did the organization have a write						
	or key employees listed in Form	990, Part VII) o	r entity in co	onnection v	with professional f	undraising services?	Yes 🗌 No
þ	If "Yes," list the ten highest paid	individuals or	entities (fun	draisers) p	ursuant to agreem	ents under which th	e fundraiser is to be
	compensated at least \$5,000 by	the organization	n.				
	(ī) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in	(vi) Amount paid to (or retained by)
	• • • • • • • • • • • • • • • • • • • •		Yes			col. (i)	organization
1			168	No	-		
•							
2							
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10	··	<u> </u>	- 	 	 		-
			<u></u>				
otal			_				
3	List all states in which the orga	nization is regi	stered or lic	ensed to s	solicit contribution	s or has been notifi	ed it is exempt from
	registration or licensing.	J					•
.							
					**		

Pa	rt II	Fundraising Events. Con than \$15,000 of fundraising gross receipts greater that	ng event contributions			
		J	(a) Event #1 BOOK Gail (event type)	(b) Event #2 Ho May By zage (event type)	(c) Other events Linds + 4 + + (total number)	(d) Total events (add ∞l. (a) through col. (c))
Revenue	1	Gross receipts	12,757.	6,651.	5,070.	see next page
&	2 3	Less: Contributions Gross income (line 1 minus line 2)				See next page for totals
	4	Cash prizes				
	5	Noncash prizes				
sesus	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Direc	8	Entertainment				
	9	Other direct expenses .	11,691.	6,170.	2,513	
	10 11	Direct expense summary. Ac Net income summary. Subtra				
Pa	rt III	Gaming. Complete if the than \$15,000 on Form 9	e organization answe			reported more
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
- Re	1	Gross revenue				
ses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct I	4	Rent/facility costs				
	5	Other direct expenses .				
	6	Volunteer labor	☐ Yes% ☐ No	☐ Yes %	☐ Yes% ☐ No	
	7	Direct expense summary. Ac	dd lines 2 through 5 in o	column (d)		
	8	Net gaming income summar	y. Subtract line 7 from	line 1, column (d)		
	a Is	iter the state(s) in which the or the organization licensed to o "No," explain:	perate gaming activitie			🗌 Yes 🗌 No
10		ere any of the organization's g 'Yes," explain:		d, suspended or termina		

Pa	rt II	Fundraising Events. Con				
		than \$15,000 of fundraisir gross receipts greater tha		and gross income on	Form 990-EZ, lines 1 a	nd 6b. List events with
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			Tricky Tray (event type)			(add col. (a) through col (c))
9			(event type) /	(event type)	(total number)	
Revenue	1	Gross receipts	10,459.			\$34,935
_	2	Less: Contributions				
	3	Gross income (line 1 minus		-		·
		line 2)				
	4	Cash prizes	come (line 1 minus			
	5	Noncash prizes				
uses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Direc	8	Entertainment				
	9	Other direct expenses .	2,874.			23,248 (23,249)
	10 11	Direct expense summary. Ac Net income summary. Subtra				(23,248)
Pa	rt III	Gaming. Complete if the	e organization answei	red "Yes" to Form 99	0, Part IV, line 19, or r	reported more
		than \$15,000 on Form 9		a		•
enne			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col. (c))
Revenue	1	Gross revenue	(a) Bingo		(c) Other gaming	
	1 2	Gross revenue	(a) Bingo		(c) Other gaming	
Expenses			(a) Bingo		(c) Other gaming	
Expenses	2	Cash prizes	(a) Bingo		(c) Other gaming	
	2	Cash prizes Noncash prizes Rent/facility costs	(a) Bingo		(c) Other gaming	
Expenses	2 3 4	Cash prizes	(a) Bingo		(c) Other gaming	
Expenses	2 3 4	Cash prizes Noncash prizes Rent/facility costs		bingo/progressive bingo		
Expenses	2 3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses .	☐ Yes%	bingo/progressive bingo Yes % No	☐ Yes %	
Expenses	2 3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses . Volunteer labor	☐ Yes % No dd lines 2 through 5 in c	bingo/progressive bingo Yes% No olumn (d)	☐ Yes% ☐ No	
Expenses	2 3 4 5 6 7 8	Cash prizes	☐ Yes% ☐ No Idd lines 2 through 5 in c	bingo/progressive bingo Yes % No olumn (d)	☐ Yes% ☐ No	
Direct Expenses	2 3 4 5 6 7 8	Cash prizes	☐ Yes% ☐ No dd lines 2 through 5 in c y. Subtract line 7 from li	bingo/progressive bingo Yes % No olumn (d) ine 1, column (d)	☐ Yes %	col (a) through col. (c))
Direct Expenses	2 3 4 5 6 7 8	Cash prizes	☐ Yes% ☐ No dd lines 2 through 5 in c y. Subtract line 7 from li	bingo/progressive bingo Yes % No olumn (d) ine 1, column (d) ming activities: in each of these states	☐ Yes %	col (a) through col. (c))
Direct Expenses	2 3 4 5 6 7 8 En	Cash prizes	Yes % No Id lines 2 through 5 in c y. Subtract line 7 from li rganization operates gar perate gaming activities	bingo/progressive bingo Yes % No olumn (d) ine 1, column (d) ming activities: in each of these states	☐ Yes % ☐ No	col (a) through col. (c))

Schedu	le G (Form 990 or 990-EZ) 2013			Р	age 3
11	Does the organization operate gaming activities with nonmembers?		□ Y	es 🗌	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other ent	-			
42	formed to administer charitable gaming?		□ Y	es 🗌	No
13 a	Indicate the percentage of gaming activity operated in: The organization's facility	20			%
b	An outside facility				%
14	Enter the name and address of the person who prepares the organization's gaming/special events books a records:		 ,	, <u>, , , , , , , , , , , , , , , , , , ,</u>	
	Name ►			·	
	Address ▶				
	Does the organization have a contract with a third party from whom the organization receives gamine revenue?	-	□ Y	es □	No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$				
c	If "Yes," enter name and address of the third party:				
	Name ►	.			
	Address ▶				
16	Gaming manager information:				
	Name ►				
	Gaming manager compensation ► \$				
	Description of services provided ▶				·
	□ Director/officer □ Employee □ Independent contractor				
17	Mandatory distributions:				
a	Is the organization required under state law to make charitable distributions from the gaming proceeds retain the state gaming license?		□ Y	es 🗌	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations spent in the organization's own exempt activities during the tax year ▶ \$				
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (ii Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to proadditional information (see instructions).				
		<u> </u>			
					
		-			
					- -
					 -

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

PTA Congress-James 1	McDivit School PTA	23-7210245
990 EZ Paet I 8. 0		
_	imbursed Expenses.	6,838,
	Peegeam Seevices	5,104 -
	Sunshine	744
	Scholarship	250
	PM Dinnee	740.
990 EZ Pact I 10	o. Geants \$500	<u></u>
2 scholar	ships \$50 each for old	Abeide Hs student who
geaduate	I in 2014 and had a	Herded MDivitt School
990 EZ Part I 16	. Other Expenses	*30,193
	Peogram Services	23,811.
	Membership	860.
	Hospitality	1,145
	Office Supplies	248
	PTA Expense	4483
	Sunshine	648
	PMA Dinner	2,873
	Dyes	160

Mc Divitt School PTA (July 1.	2013 to J	une	30, 2014)		23- 72102	245	
					T			†
Description		Receipts	Dis	bursements	7	Net		
Membership	\$	1,274.00	\$	(860.00)	‡	\$ 414.00		
					1			
nterest Income	\$	0.24			+	\$ 0.24		
Fundraising	\$	57,855.60	\$	(35,983.11)	#	\$ 21,872.49		
Program Services	\$	5,104.00	\$	(23,811.11)	#	\$ (18,707.11)		
Subtotal	\$	64,233.84	\$	(60,654.22)	+	\$ 3,579.62		
Other Expenses					+			
Hospitality			\$	(1,145.36)	1	\$ (1,145.36)		
Office Supplies			\$	(247.57)	1	\$ (247.57)		
PTA Expense			\$	(447.50)	1	\$ (447.50)		
Dues			\$	(160.00)	\downarrow	\$ (160.00)		
Charter & License Renewals		-3			+	\$ -		
Sunshine	\$	743.98	\$	(648.00)	\downarrow	\$ 95.98		
Tax Preparation			\$	(300.00)	+	\$ (300.00)		
Scholarship	\$	250.00	\$	(500.00)	+	\$ (250.00)		
PTA Dinner	\$	740.00	\$	(2,873.02)	$\frac{1}{1}$	\$ (2,133.02)		
Total Other Expenses	\$	1,733.98	\$	(6,321.45)	1	\$ (4,587.47)		<u> </u>
2013 Totals	\$	65,967.82	\$	(66,975.67)	\dashv	\$ (1,007.85)		1

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Mc Divitt School PTA (July 1, 2013 to June 30, 2014) EIN 23 - 7210245									
Income	!				<u> </u>				
<u> </u>	Ц.	Receipts	Dis	bursements					Net
Fundraising	Щ.			······································					
	Щ.						-	,	
Bookfair	\$	12,757.04	\$	(11,690.61)				\$	1,066.43
	Н.		1		_				
Bookstore	\$	2,398.00	\$	(1,307.01)	\$				
					<u> </u>	-168.07			022.02
					\$	(1,475.08)	-	\$	922.92
D T	╂-	206.20			 	- 1		_	995 30
Box Tops	\vdash	886.30			┝			\$	886.30
Carnival	\$	3,985.80	\$	(2,428.03)				\$	1,557.77
	₩.		<u> </u>	 	-			-	
Holidov Pazaar	\$	6 651 00	\$	(6 170 00)	-		-	\$	481.00
Holiday Bazaar	113	6,651.00	3	(6,170.00)	-	· · · · · · · · · · · · · · · · · · ·	\vdash	3	461.00
Ink Jet Cartridges								\$	-
Kidstuff	\$	5,070.00	\$	(2,512.50)				\$	2,557.50
	Ш.		<u> </u>				ļ		
Pizza Sale	\$	3,636.82	\$	(3,072.26)	_		 	\$	564.56
Plant Sale	\$	3,351.00	\$	(2,537.25)	-		-	\$	813.75
riant sale	1 3	3,331.00	3	(2,337.23)		·····	 	3	613.73
Race for Education	 \$	2,681.00	\$	(234.47)	\vdash			\$	2,446.53
	††*		Ť				 	<u> </u>	
Other Fundraising	\$	2,855.14	\$	(1,059.40)	Γ			\$	1,795.74
		· · · · · · · · · · · · · · · · · · ·							
Spiritwear	\$	1,904.00	\$	(1,742.40)				\$	161.60
	 _	40.455.00	<u> </u>	/2.074.44	-		 		7 500 60
Tricky Tray	\$	10,457.00	\$	(2,874.11)	\vdash		 	\$	7,582.89
Valentine Dance	\$	1,222.50	\$	(187.00)	\vdash		 	\$	1,035.50
				· · · · · · · · · · · · · · · · · · ·					
			<u> </u>		\Box				
Total Fundraising	\$	57,855.60	\$	(35,815.04)	_	-168.07	s/t	\$	21,872.49

\$ 0.24 int. inc. \$ 21,872.73

Fundraising \$ 22,040.80 sales tax \$ (168.07) \$ 21,872.73

Mc Divitt School PTA	(Jul	y 1	, 2013 to	Ju	ne 30, 201	4)		EIN 23 -	7210245
Program Services		Re	Reimbursed		Expenses			Net	
		E	xpenses						
Assemblies		\$	868.00	\$	(7,659.88)		\$	(6,791.88)	
Staff Gifts				\$	(298.89)		\$	(298.89)	
1st Grade book club ¹				\$	(1,000.00)		\$	(1,000.00)	
5th Grade Activities				\$	(3,486.23)		\$	(3,486.23)	
Field Day BBQ			· · · · · · · · · · · · · · · · · · ·	\$	(141.58)		\$	(141.58)	
Student Recogniton				\$	(644.18)		\$	(644.18)	
Teacher Resource				\$	(1,480.76)	_	\$	(1,480.76)	
School Gift				\$	(2,053.59)		\$	(2,053.59)	
Year Book		\$	4,236.00	\$	(7,046.00)		\$	(2,810.00)	
Total Program Services		\$	5,104.00	\$	(23,811.11)		\$	(18,707.11)	
Total Program Services		\$	5,104.00	\$	(23,811.11)		\$	(18,707.11)	

JAMES A. MCDIVITT ELEMENTARY SCHOOL 1 MANNY MARTIN WAY OLD BRIDGE, NEW JERSEY 08857 PTA EXECUTIVE BOARD (2013-2014)

Maureen Frantino (PRESIDENT) 11 Alder Court Matawan NJ 07747 732-290-2380

Ibis Panerella (1ST VICE PRESIDENT) 4380 Highway 516 Matawan NJ 07747 732-566-1304

Kim Hussey (2ND VICE PRESIDENT) 72 Lakeridge Dr Matawan NJ 07747 732-566-7826

Roxanne LaConti (3RD VICE PRESIDENT) 18 Cressida Drive Old Bridge NJ 08857 732-679-7987

Cathy DeNovellis (TREASURER) 17 Heathrow Lane Old Bridge NJ 08857 732-591-6344

Kim Bassolino (CORRESPONDING SECRETARY) 3 Janis Court South Amboy, NJ 08879 732 721-1103

Nella Reitano (RECORDING SECRETARY) 562 Ticetown Rd Old Bridge NJ 08857 732-591-0474