

Grandville Parent Support Organization - 990 Data Collection Form

Please complete the following form by filling in the shaded boxes. If you have no dollar figure for a particular box, please enter "0" or leave it blank.

Information you provide should be for the fiscal year beginning July 1, 2013 and ending June 30, 2014.

Organization Name

Taxpayer ID#

NOTES:

Please attach a photocopy of June 2014 bank statements for any bank accounts held by your organization

Please keep a copy of this worksheet for your records.

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1. Cash and investments as of July 1, 2013
(Balances must equal prior year ending balances)

Non-interest bearing
Interest bearing
Total Cash & Investments

\$ -

REVENUE (RECEIPTS):

2. Direct public support - Total contributions and gifts received
3. Gross revenue from special events - Enter all receipts for fundraising events (Do not include contributions in this total)

page 3 \$ -

page 4 \$ -

4. Other revenue:

Detail any additional money you received during the year:

a Interest income

b

c

d

e

Add lines a-e and enter the total here.

\$ -

5. Total revenue (add lines 2, 3, & 4)

\$ -

EXPENSES (PAYMENTS):

6. Program services
How much did you spend in support of the school or organization you were formed to support?
7. Management and general
How much did you spend on filing fees, accounting fees, costs of meetings and any other cost not identified in lines 6 or 8.
8. Fundraising
How much did you spend on fundraising events?
9. Total expenditures (add lines 6, 7, & 8)

page 5 \$ -

page 5 \$ -

page 4 \$ -

\$ -

10. Cash and total investments as of June 30, 2014

Non-interest bearing
Interest bearing
Total Cash & Investments

\$ -

Please remember the above information should include all money you took in and paid out during the course of the year.

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Direct Public Support (Page 2, line 2)

1. List each gift/contribution of \$1,000 or greater received during the year.

	Contributor's name and address	Amount	Date Received	Cash (C) or In-Kind (IK)
a				
b				
c				
d				
e				
f				
g				
h				
i				
j				

2. List total contributions not included above

a	Various others		Various	Cash
b	Various others		Various	In Kind

Total Contributions and gifts received \$ -

Pg 2, line 2

Notes: Include both cash contributions and in kind contributions.

Include in-kind (non-cash) contributions at the estimated fair market value. A non-cash contribution should result in a non-cash expense for the same amount.

The total contributions and gifts received must agree with the amount on page 2, line 2.

Non-cash contributions will result in an equal and offsetting expense entry.

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Fundraising - Special Events (Page 2, Lines 3 & 8)

	(a)	(b)	(c)	(d)	(e)
Event: (Please list event name)	Gross receipts	Less: Contributions	Gross Revenue (a-b)	Less: Direct Expenses	Net Income (loss) (c-d)
1.			-		-
2.			-		-
3.			-		-
4.			-		-
5.			-		-
6.			-		-
7.			-		-
8.			-		-
9.			-		-
10.			-		-
11.			-		-
12.			-		-
13.			-		-
14.			-		-
15.			-		-
16.			-		-
TOTAL	\$ -	\$ -	\$ -	\$ -	\$ -
		include on page 3	Pg 2, line 3	Pg 2, line 8	

Notes: The amount in the TOTAL row in column c must agree with the amount on line 3 (page 2).

The amount in the TOTAL row in column d must agree with the amount on line 8 (page 2)

Contributions detailed on column b must also be included on the Direct Public Support schedule on page 3.

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Statement of Functional Expenses (Page 2, lines 6 & 7)

	a Management & General	b Program Service	c a + b Total
1. Scholarships & Grants (attach schedule)			-
2. Compensation of Officers (attach schedule)			-
3. Supplies			-
4. Telephone			-
5. Postage & Shipping			-
6. Equipment Rent & Maintenance			-
7. Printing & Publishing			-
8. Travel			-
9. Conferences, meeting			-
10. Contracted Services			-
11. Other (please list)			-
a.			-
b.			-
c.			-
d.			-
TOTAL	\$ -	\$ -	\$ -

Pg 2, line 7 Pg 2, line 6

Notes: If your records do not account for this amount of detail, you may allocate the costs using a reasonable method. The method of determining the allocation of costs should be documented and maintained with the records of the organization.

You may not have amounts for each category. If that is the case, just enter zero (-0-).

Column 'a' total must agree with Management and general expenses on page 2, line 7.

Column 'b' total must agree with Program Services on page 2, line 6.

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Scholarships & Grants (Page 5, line 1)

Purpose	Recipients name and address	Amount	Relationship

TOTAL

\$ -

Pg 5, line 1

Notes: For scholarships, include a statement as to how the organization determines who qualifies to receive payments.

For amounts (cash and non-cash) given to Grandville Public Schools, separate totals based on category (i.e. equipment for math-lab, office supplies, tutors, etc...)

Total scholarships and grants must agree with page 5, line 1.

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Compensation of Officers (Page 6, line 2)

Name and address (list all officers)	Title	Compensation	Weekly Hours Worked

TOTAL

\$ -

Pg 5, line 2

Notes: Please include all officers for the 2013-14 school year regardless if they received compensation or not.

Total must agree with total compensation of officers on page 5, line 2.

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I, on behalf of the said organization, authorize the above information to be included in the reporting of the Grandville Parent Support Organization and declare, under penalty of perjury, that the information submitted herewith are true and complete.

Signature of Preparer

Type or print Preparer name

Complete address of Preparer

Daytime phone # of Preparer

Date form was completed

Please return a completed form by July 31, 2014, to:

**Grandville Public Schools
Attn: Heather Roszkowski
3839 Prairie SW
Grandville, MI 49418**

Reminders:

Please attach a photocopy of June 2014 bank statements for any bank accounts held by your organization

Please keep a copy of this worksheet for your records.

If you have any questions, please call me at 616-254-6582.