## Form **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 black lung benefit trust or private foundation) Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990 All other org. anizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form The organization may have to use a copy of this return to satisfy state reporting requirements

2008

OMB No 1545-1150

Department of the Treasury

Open to Public

	mer	trial Revenue Service - trie organization may have to use a copy of this return to satisfy state repor	rting requirements					
	Α	For the 2008 calendar year, or tax year beginning Jul 1 , 2008, and end	ding Jun 30	_		2009		
	В	Check if applicable C Name of organization	D Emp	D Employer identification number				
		Address change   Please   PTA   New Mexico   Congress   PTA   New		8.5	85-0121400			
	$\square$		n/suite	E Tele				
	$\sqcup$	Initial return I type.						
	$\sqcup$	Specific City or town, state or country, and ZID 4.4		(2	05)	881-0712		
	-	Amended return				cemption		
	Ш	Application pending   Albuquerque NM 8/1			nber	▶ 2161		
			G Accounting i	method	l X	Cash Accrual		
		must attach a completed Schedule A (Form 990 or 990-EZ).	Other (speci	ify) ►				
2010			H Check ► X	] if th	ne org	janization is <b>not</b>		
N	ı	Website: ► www.nmpta.org	required to	attach	Sche	dule B (Form 990,		
$\sim$	<u>J</u>	Organization type (check only one) — $X = 501(c)$ ( 3 ) $\P$ (insert no ) $Q$ 4947(a)(1) or $Q$ 527	990-EZ, or 9	990-PF	)			
<del>7−−</del> 1		Check ► If the organization is not a section 509(a)(3) supporting organization and its g	ross receipts ai	re norn	nally i	not more than		
02		\$25,000 A return is not required, but if the organization chooses to file a return, be sure to	o file a complete	e returr	1			
MAR	L	Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file F	orm 990					
کے	_	ınstead of Form 990-EZ			▶\$	<u>36,78</u> 0.		
	Pa	art I Revenue, Expenses, and Changes in Net Assets or Fund Balance	es (See the i	nstru	ction	is for Part I.)		
SCANNED	i	1 Contributions, gifts, grants, and similar amounts received			1	4,500.		
Z		Program service revenue including government fees and contracts			2	13,091.		
Z		3 Membership dues and assessments			3	18,591.		
$\leq$		4 Investment income			4	193.		
		5a Gross amount from sale of assets other than inventory 5a						
W)		<b>b</b> Less cost or other basis and sales expenses 5b						
	R	c Gain or (loss) from sale of assets other than inventory (Subtract In 5b from In 5a) (att sch)			5 c			
	Ϋ́Ε	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check	k here					
	Ņ	a Gross revenue (not including \$ of contributions		_	- 1			
	Ŭ	reported on line 1) 6a						
		<b>b</b> Less direct expenses other than fundraising expenses 6b						
	į	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c				
		7a Gross sales of inventory, less returns and allowances 7a	s and allowances 7a					
		<b>b</b> Less cost of goods sold 7b						
		c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)			7 c			
		8 Other revenue (describe Miscellaneous Festings)		) [	8	405.		
		9 Total revenue (add lines 1, 2, 3, 4, \$c, \$\frac{6c, 7c;}{2c} \text{ and 8}			9	36,780.		
			<u></u>		10			
		10 Grants and similar amounts paid (attach schedute) 2 2 2010 10		-	11			
	E X	11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits		<u>⊢</u>	12	4,137.		
	P			_	13	801.		
	Ñ	13 Professional fees and other payments to independent sontradios  14 Occupancy, rent, utilities, and maintenance		_	14	280.		
	Ĕ	15 Printing, publications, postage, and shipping			15	981.		
	S	16 Other expenses (describe ► See Other Expenses Statement		<u> </u>	16	31,326.		
		17 Total expenses (add lines 10 through 16)	·	· -	17	37,525.		
		18 Excess or (deficit) for the year (Subtract line 17 from line 9)	<del></del>		18	-745.		
	А			-	•			
	ΕS	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must ag figure reported on prior year's return)	ree with end-of	-year	19	30,640.		
	ŤĘ		n to beginning a:	—	20	128.		
	Ś	21 Net assets or fund balances at end of year. Combine lines 18 through 20	it to beginning a:	<u> </u>	21	30,023.		
	Da	art II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more	<del></del>					
	Га				$\overline{}$			
	22	(See the instructions for Part II)  Cash, savings, and investments	(A) Beginning	631.		(B) End of year 29,708.		
	23			0.0	23	29,700.		
	24		1	844.		315.		
	25 25			475.		30,023.		
		i Total liabilities (describe ► )		835.		0.		
		Net assets or fund balances (line 27 of column (B) must agree with line 21)	30	640.		30,023.		
	_,	The following of the following the control of the c	50,	~	1	50,000.		

Form 990-EZ (2008) PTA New Mexico	-012	1400 Page <b>2</b>									
Part III Statement of Program Se		<del></del>			Expenses						
What is the organization's primary exempt purpose? Pr	(Req	uired for 501(c)(3)									
Describe what was achieved in carrying out the describe the services provided, the number of program title	ne organization's exempt purp f persons benefited, or other i	oses. In a clear and co relevant information for	ncise manner, each	4947	(4) organizations and (a)(1) trusts, optional thers)						
28 The NM PTA supports loca technical assistance and					<del>-</del> -						
state convention.	_by_sponsoring_an_	aiiiidai									
				28 a	10 702						
	nis amount includes foreign gr			20 a	18,723.						
29	29										
(Grants \$ ) If the	nis amount includes foreign gr	ants, check here	▶	29 a							
30											
(Grants \$ ) If the	nis amount includes foreign gr	ants, check here	<u> </u>	30 a							
31 Other program services (attach schedule	•										
	nis amount includes foreign gr	rants, check here	<u>▶</u>	31 a							
32 Total program service expenses (add li			<b>•</b>	32	18,723.						
Part IV   List of Officers, Directors			ne even if not cor	npens	ated See the instrs)						
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0)	(d) Contributions employee benefit plar deferred compensa	ns and	(e) Expense account and other allowances						
Angi Gonzales-Carver					<del></del>						
3315 Louisiana NE	President										
Albuquerque NM 87110	10.00	0.		0.	0.						
Mercedes Sandoval	10,00			<u> </u>							
3315 Louisiana NE	Pres - Elect			ļ							
Albuquerque NM 87110	10.00	0.		0.	0.						
Sue Holland	10.00										
	Comptoni			Ì							
3315 Louisiana NE	Secretary	^			•						
Albuquerque NM 87110	10.00	0.		0.	0.						
Kim Kerschen											
3315 Louisiana NE	VP Membership	_			_						
Albuquerque NM 87110	10.00	0.		0.	0.						
Sabrina Oliver											
3315 Louisiana NE	Parliamentarian										
Albuquerque NM 87110	10.00	0.		0.	0.						
Leona Snipes											
3315 Louisiana NE	Treasurer										
Albuquerque NM 87110	10.00	0.		0.	0.						
Sharon Young											
3315 Louisiana NE	Director			Ì							
Albuquerque NM 87110	10.00	0.		0.	0.						
Rebecca Judd											
3315 Louisiana NE	Diretor										
Albuquerque NM 87110	10.00	0.		0.	0.						
				ļ							
					<del></del>						
			<del></del>								
	1										
				Ì							

Other Information (Note the statement requirement in General Instruction V.) Part V Yes No Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity 33 Х Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes 34 Х If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and 35 a proxy tax requirements? Х b If 'Yes,' has it filed a tax return on Form 990-T for this year? 35 b Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N 36 Х 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions 0. b Did the organization file Form 1120-POL for this year? 37 b Х **38 a** 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 unpaid at the start of the period covered by this return? 38 a Х b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b 501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 9 39 a **b** Gross receipts, included on line 9, for public use of club facilities 40 a 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under , section 4912 ► , section 4955 ► section 4911 ► b 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' complete Schedule L, Part I 40 b Х c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Enter amount of tax on line 40c reimbursed by the organization e 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 40 e Х List the states with which a copy of this return is filed New Mexico **42a** The books are in care of ► Treasurer Telephone no.  $\triangleright$  (505) 881-0712 NM ZIP + 4 ► 87110 Located at > 3315 Louisiana NE \_\_\_\_\_Albuquerque Yes No **b** At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 42 b Х If 'Yes,' enter the name of the foreign country▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S.? 42 c X If 'Yes,' enter the name of the foreign country▶ 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 -Check here ▶ 43 and enter the amount of tax-exempt interest received or accrued during the tax year Yes No Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead 44 of Form 990-EZ Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ

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orm 990-EZ (20	008) PTA	New	Mexico	Congress
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85-0121400

	O-EZ (2008) PTA New Mexico Conc			85-0121			age 4
Part VI		s only. All section 5	01(c)(3) organız	ations must answer qu	estions	46-4	.9
	and complete the tables for line	es 50 and 51.		· · · · · · · · · · · · · · · · · · ·		,	
<b>46</b> Did	the organization engage in direct or indirect	ct political campaign ac	tivities on behalf of d	or in opposition to candidate	s	Yes	No
for	public office? If 'Yes,' complete Schedule (	C, Part I			46		Χ_
	the organization engage in lobbying activit	•	•		47		X
	he organization operating a school as desc				48	ļ	<u>X</u>
	the organization make any transfers to an	•	related organization	7	49a		X
b If '\	Yes,' was the related organization(s) a sect	on 527 organization?			49b		<u>i</u>
50 Cor	mplete this table for the five highest compe eived more than \$100,000 of compensation	nsated employees (other from the organization	er than officers, directly there is none, ent	ctors, trustees and key empler 'None'	oyees) w	ho ea	ch
-	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deterred compensation	(e) Ex accou other all	kpense int and lowance	s
None_							
Total numb	er of other employees paid over \$100,000						
<b>51</b> Cor	mplete this table for the five highest compe in the organization. If there is none, enter 'f	None '	Tractors who each to				
	(a) Name and address of each independent contr	actor paid more than \$100,000		(b) Type of service	(c) Com	pensatio	n
None							
<del></del>							
						_	
Total nur	mber of other independent contractors rece	ving over \$100,000	▶				
	Under penalties of perjury, I declare that I have exam true, correct, and complete Declaration of preparer (	ined this return, including according	npanying schedules and sta	atements, and to the best of my knowl	edge and be	elief, it is	<u> </u>
	lide, correct, and complete Declaration of preparer to	other trial officer) is based on a	iii iiilormation oi which prep	parer has any knowledge			
Sign	I welder to	ndora		12-10-1C	)		
Here	Signature of officer	10.	f ,	Date			
	- Mercedes Sando	val Presi	dent				
	Type or print name and title	<del></del>	<del></del>				
D-1-1	Preparer's		Date	Check if Prep. (See	arer's Identi	fying Nu	mber
Paid Pre-	signature			self- employed ►		·	
parer's	Firm's name (or						
Use	employed).			EIN ►			
Only	address, and ZIP + 4		NM	Phone no ►			
May the I	IRS discuss this return with the preparer sh	own above? See instru	ctions	_ · · · · ·	► Yes	5 ]	No
BAA					Form <b>99</b>	0-EZ	(2008)

#### **SCHEDULE A** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

**Public Charity Status and Public Support** 

To be completed by all section 501 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public

Employer identification number

Inspection

OMB No 1545-0047

PTA New Mexico Congress 85-0121400 Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions) The organization is not a private foundation because it is. (Please check only one organization.) 1 A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H) 4 A medical research organization operated in conjunction with a hospital described in section 170(bX1XAXiii) Enter the hospital's An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(b)(1)(A)(iv). (Complete Part II) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 7 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) X q An organization that normally receives: (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions —subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III ) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h 11 Type III - Functionally integrated Type III- Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization. check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11 g (i) a family member of a person described in (i) above? 11 g (ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11 g (iii) h Provide the following information about the organizations the organization supports (v) Did you notify the organization in col (i) of your support? (i) Name of Supported Organization (ii) EIN (iii) Type of organization (vi) Is the (vii) Amount of Support (described on lines 1-9 above or IRC section (see instructions)) nization in col organization in col (i) listed in your governing document? (i) organized in the Yes No Yes No Yes No Total

Tartin Support Schedule for Organizations Described in Sections 170(DX1XAXIV) and 170(DX1XAXIV)									
Sec	(Complete only if you check tion A. Public Support	ea the box on line	5, /, or 8 of Pa	tl)		<u>.                                    </u>			
Calendar year (or fiscal year beginning in)		(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 200	8	(f) Total	
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ')				<del>  -</del>				
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf								
3	The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge								
4	Total. Add lines 1-3					1			
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)								
6	<b>Public support.</b> Subtract line 5 from line 4								
Sec	tion B. Total Support								_
	ndar year (or fiscal year nning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008		(f) Total	
7	Amounts from line 4								_
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources								
9	Net income form unrelated business activities, whether or not the business is regularly carried on								
10	Other income Do not include gain or loss form the sale of capital assets (Explain in Part IV)								
11	Total support. Add lines 7 through 10			;					
12	Gross receipts from related activ	rities, etc. (see ins	structions)				12		_
	First five years. If the Form 990 organization, check this box and	stop here	<u> </u>	nd, third, fourth,	or fifth tax year a	s a section 5	601(c)(	(3)	
	tion C. Computation of Pu								
	Public support percentage for 20	, ,	•				14		<u>%_</u>
15	Public support percentage for 20	007 Schedule A, P	art IV-A, line 26f			<u> </u>	15		%_
16 a	33-1/3 support test – 2008. If the and stop here. The organization	e organization did qualifies as a pul	not check the boolicly supported c	ox on line 13, and organization.	the line 14 is 33	-1/3 % or mo	ore, ch	eck this box	
t	33-1/3 support test — 2007. If the and stop here. The organization	e organization did qualifies as a pub	not check a box olicly supported o	on line 13, or 16a rganization.	, and line 15 is 3	3-1/3% or m	ore, cl	neck this box	
17 a	10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts'	meets the 'facts-a	and-circumstance	s' test, check this	box and stop her	re. Explain ir	n Part	IV how	
	or 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-and	meets the 'facts-a d-circumstances'	and-circumstance test. The organi	s' test, check this zation qualifies as	box and stop her a publicly suppo	r <b>e.</b> Explain ir orted organiz	n Part ation	IV how the ►	
	Private foundation. If the organi	zation did not che	ck a box on line,	тз, тьа, 16b, 17a					ᆚ
BAA					So	cneaule <b>A</b> (F	orm 9	90 or 990-EZ) 2	UO8

Schedule A (Form 990 or 990-EZ) 2008 PTA New Mexico Congress

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

	(Complete only if you che	cked the box on I	ine 9 of Part I)				
<u>Sec</u>	tion A. Public Support						
Cale	ndar year (or fiscal yr beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	<b>(e)</b> 2008	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants.')		69,167.	256,990.	22,241.	23,091.	371,489.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose		15,195.	16,273.	17,586.	13,091.	62,145.
3	Gross receipts from activities that are not an unrelated trade or business under section 513		15,195.	10,273.	17,386.	13,091.	62,145.
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 furnished by a governmental unit to the organization without charge						
	<b>Total.</b> Add lines 1-5 Amounts included on lines 1, 2, 3 received from disqualified persons		84,362.	273,263.	39,827.	36,182.	433,634.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
C	Add lines 7a and 7b		<u> </u>				
8	Public support (Subtract line						
	7c from line 6)						433,634.
Sec	tion B. Total Support						100,0011
		(2) 2004	(b) 2005	(6) 2006	(4) 2007	(=) 2009	(D Total
Cale	ndar year (or fiscal yr beginning in) >	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	<b>(e)</b> 2008	(f) Total
Cale 9		(a) 2004	<b>(b)</b> 2005 84,362.	(c) 2006 273, 263.	39,827.	36,182.	433,634.
Cale 9 10 a	ndar year (or fiscal yr beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form	(a) 2004	<del>- `` </del>		39,827. 188.	36,182. 193.	433,634. 381.
Caler 9 10 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses	(a) 2004	<del>- `` </del>		39,827.	36,182.	433,634.
Cale 9 10 a b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is	(a) 2004	<del>- `` </del>		39,827. 188.	36,182. 193.	433,634. 381.
Cale: 9 10 a b 11 12 13 14	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unirelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support. (add Ins 9, 10c, 11, and 12)  First five years. If the Form 990 organization, check this box and	is for the organiz	84,362.	273,263.	188. 188.	36,182. 193.	381. 381.
Cale: 9 10 a b 11 12 13 14	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support. (add lns 9, 10c, 11, and 12)	is for the organiz	84,362.	273,263.	188. 188.	36,182. 193.	381. 381.
Cale 9 10 a b 11 12 13 14 Sec	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support. (add Ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pu	is for the organiz stop here.	84,362.  ation's first, second	273, 263.	188. 188.	36, 182.  193.  193.  a section 501(c)(3	433,634. 381. 381. 434,015.
Cale 9 10 a b 11 12 13 14 Sec 15	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support. (add Ins 9, 10c, 11, and 12)  First five years. If the Form 990 organization, check this box and tion C. Computation of Pu	is for the organiz stop here blic Support P	ation's first, second	273, 263.  d, third, fourth, ce 13, column (f))	188. 188.	36, 182.  193.  193.  a section 501(c)(3	433,634. 381. 381. 434,015. □ 99.91%
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Schedule A	(Form 990 or 9	90-EZ) 2008	PTA New	Mexico	Congress	s	85-0121400 Pa	age 4
Part IV	Supplement	al Information 17a or 17b:	tion. Comp	ete this p	part to provi	ide the	85-0121400 Part II, line 10; additional information. (see instructions)	<u>.go .</u>
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### Form 990-EZ, Part I, Line 16

#### **Other Expenses Statement**

Other expenses (describe)	
Direct program service expense	2,674.
Convention direct expenses	14,855.
Telephone / Internet	2,211.
Copier	2,352.
Insurance	300.
Recognition awards	167.
National PTA convention	361.
Convention travel expense	739.
Board meeting supplies and travel	5,656.
Miscellaneous fees	40.
Office supplies	442.
Depreciation	1,529.
Total	31,326.

## Form **8868** (Rev April 2008)

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

File a separate application for each return.

OMB No 1545-1709

internal Revenue	Service	The a separate application for each retain.				
<ul><li>If you are</li></ul>	filing for an Automatic 3-Month	Extension, complete only Part I and check this box				► X
<ul><li>If you are</li></ul>	e filing for an Additional (Not Aut	omatic) 3-Month Extension, complete only Part II(	on page 2 of thi	s form)		
Do not comp	olete Part II unless you have alrea	dy been granted an automatic 3-month extension or	n a previously fi	led Form 8	868	
Part I	Automatic 3-Month Extens	ion of Time. Only submit original (no copi	es needed).			
A corporation	required to file Form 990-T and	requesting an automatic 6-month extension -eheck	this box and co	mplete Par	t I only	▶ 📄
All other corp	oorations (including 1120-C filers) eturns	, partnerships, REMICS, and trusts must use Form	7004 to request	an extens	ion of time	to file
returns noted the additiona Form 990-T	I below (6 months for a corporation of the local design of the loc	lectronically file Form 8868 if you want a 3-month ai on required to file Form 990-T). However, you canno ion or (2) you file Forms 990-BL, 6069, or 8870, gro y completed and signed page 2 (Part II) of Form 88 e-file for Charities & Nonprofits	ot file Form 8868 up returns, or a	8 electronii composite	cally if (1) ye or consolic	ou want dated
	Name of Exempt Organization			Employer id	entification num	nber
Type or print						
·	PTA New Mexico Congr			85-012	1400	
File by the due date for	Number, street, and room or suite number	If a P O box, see instructions				
filing your return See	3315 Louisiana Blvd	NE				
instructions	City, town or post office, state, and ZIP coo	e For a foreign address, see instructions				
	Albuquerque			NM	87110	
Check type o	of return to be filed (file a separa	te application for each return).				
Form 990	)	Form 990-T (corporation)	Form 472	20		
Form 990	)-BL	Form 990-T (section 401(a) or 408(a) trust)	Form 522	27		
X Form 990	)-EZ	Form 990-T (trust other than above)	Form 606	59		
Form 990	)-PF	Form 1041-A	Form 887	0		
● If the orga ● If this is f check this the exten  1 I reques until _F The ext ▶ X	for a Group Return, enter the org s box	or place of business in the United States, check the anization's four digit Group Exemption Number (GEI) the group, check this box. In and attach a list with the exempt organization return for the organization eturn for the organization of the companization of	N) 2161 If the names a ension of time named above	nd EINs of	all member	rs
	ax year is for less than 12 month		<u> </u>	nange in a	ccounting p	erioa 
nonrefu	indable credits. See instructions	0-PF, 990-T, 4720, or 6069, enter the tentative tax,		<b>3a</b> \$	<del></del>	0.
<b>b</b> If this a made I	pplication is for Form 990-PF or nclude any prior year overpayme	990-T, enter any refundable credits and estimated to nt allowed as a credit	ax payments	<b>3b</b> \$		0.
c <b>Balance</b> deposit See ins	e Due. Subtract line 3b from line with FTD coupon or, if required, tructions	3a Include your payment with this form, or, if required by using EFTPS (Electronic Federal Tax Payment S	red, System)	3c \$		0.
Caution. If you payment insti		ic fund withdrawal with this Form 8868, see Form 84	153-EO and For	m 8879-EC	) for	
BAA For Priv	vacy Act and Paperwork Reducti	on Act Notice, see instructions.		Forr	n <b>8868</b> (Rev	4-2008)