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)

Open to Public

OMB No 1545-1150

2002

Department of the Treasury Internal Revenue Service

► For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year

Inspection The organization may have to use a copy of this return to satisfy state reporting requirements JUNE 30 , 2003 A For the 2002 calendar year, or tax year beginning , 2002, and ending 29 IB FJ 59-2959876 200306 PTA FLORIDA CONGRESS MANDARIN OAKS ELEMENTARY PTA 10600 HORNETS NEST RD JACKSONVILLE FL 32257-1210 P-29 B Check if applicable D Employer identification number Address change 2959876 Name change E Telephone number (904) 260.5820 Initial return Final return Amended return F Enter 4-digit (GEN) ▶ 2149 !afb@babbabbababadabbadbbbabbadl Application pending Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ) Other (specify) ▶ H Check ► if the organization Web site: ► _ is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF) J Organization type (check only one)— \$\overline{\infty} 501(c) (3) \ (insert no) 4947(a)(1) or 527 K Check ▶ ☐ if the organization is gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return Add lines 5b 6b, and 7b to line 9 to determine gross receipts, if \$100,000 or more file Form 990 instead of Form 990-EZ Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 36 of the instructions) Contributions, gifts, grants, and similar amounts received 2 2 Program service revenue including government fees and contracts 3 3 Membership dues and assessments Investment income 5a 5a Gross amount from sale of assets other than inventory 5b b Less cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule) Special events and activities (attach schedule) a Gross revenue (not including \$ _ of contributions reported on line 1) **b** Less direct expenses other than fundraising expenses 6¢ c Net income or (loss) from special events and activities (line 6a less line 6b) Gross sales of inventory, less returns and allowances 7a 7b b Less cost of goods sold 7c c Gross profit or (loss) from sales of inventory (line 7a less line 7b) 8 R Other revenue (describe ▶ 9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) 9 10 10 Grants and similar amounts paid (attach schedule) 11 11 Benefits paid to or for members 12 12 Salaries, other compensation, and employee benefits 13 13 Professional fees and other payments to independent contractors 14 14 Occupancy, rent, utilities, and maintenance 187 15 15 Printing, publications, postage, and shipping 16 16 Other expenses (describe > Total expenses (add lines 10 through 16) 17 17 18 Excess or (deficit) for the year (line 9 less line 17) 18 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 end-of-year figure reported on prior year's return) Other changes in net assets or fund balances (application) 20 20 Net assets or fund balances at end of year (combine hads light through 21 Balance Sheets-If Total assets on line 25 column (B) are \$2 more, file Form 990 instead of Form 990-EZ (See page 39 of the instructions NUV (A) Beginning of year (B) End of year જુ 804 22 Cash savings, and investments 23 23 Land and buildings 24 24 Other assets (describe > 25 25 **Total assets** 26 26 Total liabilities (describe ▶ Net assets or fund balances (line 27 of column (B) must agree with line 21)

Printed

Use Only

if self-employed) address and ZIP

SCHEDULE A

(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Department of the Treasury Internal Revenue Service

Supplementary Information—(See separate instructions.) ▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No 1545-0047

Name of the organization	Employer identification number			
Part 1 Compensation of the Five Higher (See page 1 of the instructions L.				nd Trustees
(a) Name and address of each employee paid more than \$50 000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				
Total number of other employees paid over \$50,000 ▶				
Part II Compensation of the Five Higher (See page 2 of the instructions List				
(a) Name and address of each independent contractor	paid more than \$50 000	(b) Type	of service	(c) Compensation
None.				
· · · · · · · · · · · · · · · · · · ·	-			
	-			ן דו זר
Total number of others receiving over \$50,000 for professional services				

Page	•
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Sche	dule A	(Form 990 or 990-EZ) 2002			age 2
Pā	rt III	Statements About Activities (See page 2 of the instructions)		Yes	No
1	atte or ır	ing the year, has the organization attempted to influence national, state, or local legislation, including mpt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses incurred in connection with the lobbying activities \$	paid		X
	orga	anizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A (anizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description lobbying activities			
2	sub: with own	ing the year, has the organization, either directly or indirectly, engaged in any of the following acts with stantial contributors, trustees, directors, officers, creators, key employees, or members of their families any taxable organization with which any such person is affiliated as an officer, director, trustee, maker, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining sactions.)	s, or jority		
а	Sale	e, exchange, or leasing of property?	2a		Χ.
b	Len	ding of money or other extension of credit?	2b		X
С	Furr	hishing of goods, services, or facilities?	2c	 -	Λ
d	Pay	ment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	 	X
е	Trar	nsfer of any part of its income or assets?	2e_		X
	Do :	es the organization make grants for scholarships, fellowships, student loans, etc? (See Note below) you have a section 403(b) annuity plan for your employees? ach a statement to explain how the organization determines that individuals or organizations receiving grants.	3 4		X
	et (V	rom it in furtherance of its charitable programs "qualify" to receive payments Reason for Non-Private Foundation Status (See pages 3 through 5 of the instruction)	tions)		
		nization is not a private foundation because it is (Please check only ONE applicable box)			
5		A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)			
6	_	A school Section 170(b)(1)(A)(ii) (Also complete Part V)			
7	_	A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)			
8	$\overline{}$	A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v)			
9		A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the and state.	e hospital's	name -	, city
10		An organization operated for the benefit of a college or university owned or operated by a governmental un (Also complete the Support Schedule in Part IV-A)	it Section 170	l(b)(1)	(A)(iv)
11a		An organization that normally receives a substantial part of its support from a governmental unit or Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)	from the gen	eral p	oildus
11b		A community trust Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)			
12		An organization that normally receives (1) more than 33% of its support from contributions, memoreceipts from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) its support from gross investment income and unrelated business taxable income (less section 511 tax) fiby the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in	no more tha rom business	n 33 %	3% o
13		An organization that is not controlled by any disqualified persons (other than foundation managers) and described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(3))	of section 509		
		Provide the following information about the supported organizations (See page 5 of the instru	ictions) (b) Line numb		
		(a) Name(s) of supported organization(s)	from above		
		Mandarin Oaks Elementary	<u> </u>		
		10600 Hornets Nest Rd. Jacksonville, FL322	57		

	t IV-A Support Schedule (Complete only						accounting.
_	You may use the worksheet in the instructions			 _			(-) T (
	ndar year (or fiscal year beginning in)	(a) 2001	(b) 2000	(c) 1999	(d) 19	98	(e) Total
15	Gifts, grants, and contributions received (Do		1	1			j
10	not include unusual grants. See line 28.) Membership fees received.			{			<u> </u>
16 17	Gross receipts from admissions, merchandise	 	 	╁╾╶╾╌┽			
**	sold or services performed, or furnishing of						ì
	facilities in any activity that is related to the organization's charitable, etc., purpose		l	}			
18	Gross income from interest, dividends,		 	 			
	amounts received from payments on securities		١, ١]]
	loans (section 512(a)(5)), rents, royalties, and			}			1
	unrelated business taxable income (less section 511 taxes) from businesses acquired						l
	by the organization after June 30, 1975		$N \cap M$	1			ļ
19	Net income from unrelated business		M	\			
	activities not included in line 18		<u> </u>	Ll			<u> </u>
20	Tax revenues levied for the organization's						
	benefit and either paid to it or expended on			1		1	Ì
	its behalf	<u> </u>					
21	The value of services or facilities furnished to		İ	1			
	the organization by a governmental unit without charge Do not include the value of			1			<u> </u>
	services or facilities generally furnished to the			ļ			
	public without charge	<u> </u>	 -	 			<u> </u>
22	Other income Attach a schedule Do not		}]]
23	Include gain or (loss) from sale of capital assets Total of lines 15 through 22	 -	 	 			
24	Line 23 minus line 17			 			
<u>25</u>	Enter 1% of line 23			 			
		- Enter 29/ of	amount in only	1		26a	
26	Organizations described on lines 10 or 11.			• • •			
D	Prepare a list for your records to show the name governmental unit or publicly supported organizations.		•				
	amount shown in line 26a Do not file this list wi	•	_	_		26b	
c	Total support for section 509(a)(1) test. Enter lin	="			>	26c	
đ	Add Amounts from column (e) for lines 18 .		19				
	22 .		26b		•	26d	
-	Public support (line 26c minus line 26d total)				•	26e	 -
	Public support percentage (line 26e (numera					261	
27	Organizations described on line 12: a Fo person," prepare a list for your records to show the showless of the	r amounts includ	ded in lines 15, 1	16, and 17 that we	re receiv	ed from	m a "disqualifie
	Do not file this list with your return. Enter the	sum of such and	nounts for each	/ear	iiOiii, ead	ar uisi	quaimed person
	(0000)		(1000)		(1000)		
						- 	
b	For any amount included in line 17 that was received show the name of, and amount received for each to	vear, that was mo	re than the larger	of (1) the amount o	n line 25 f	or the	vear or (2) \$5.00
	(Include in the list organizations described in lines	5 through 11, as w	vell as individuals)	Do not file this list	with you	r returi	n After computin
	the difference between the amount received and amounts) for each year	the larger amount	described in (1)	or (2), enter the sui	m of these	affer	ences (the exces
	(2001) (2000) .		(1999)	_	(1998)		
		_	,,	-	,,	_	
C	Add Amounts from column (e) for lines 15.		16			1	1
	17 20 .		21		•	27c	
d	Add Line 27a total	and line 27b tota	ı		•	27d	
e	Public support (line 27c total minus line 27d tot	•		1 1	>	27e	
f	Total support for section 509(a)(2) test Enter ar			► 27f			
9	Public support percentage (line 27e (numera				larli 💆	27g	
_ <u>h</u>	Investment income percentage (line 18, colu					27h	9
28	Unusual Grants For an organization described prepare a list for your records to show, for each						
	description of the nature of the grant Do not fi						

Pa	Private School Questionnaire (See page 7 of the instructions) (To be completed ONLY by schools that checked the box on line 6 in Part IV)	N/A
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	Yes No
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No." please explain (If you need more space, attach a separate statement)	31
32	Does the organization maintain the following	
а		32a
Ь	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d
	If you answered "No" to any of the above, please explain (if you need more space, attach a separate statement)	
33	Does the organization discriminate by race in any way with respect to	
а	Students' rights or privileges?	33а
b	Admissions policies?	33ь
c	Employment of faculty or administrative staff?	33c
d	Scholarships or other financial assistance?	33d
е	Educational policies?	33e
f	Use of facilities?	33f
g	Athletic programs?	339
h	Other extracurricular activities?	33h
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)	
34a	Does the organization receive any financial aid or assistance from a governmental agency?	348
h	Has the organization's right to such aid ever been revoked or suspended?	34b
D	If you answered "Yes" to either 34a or b, please explain using an attached statement	
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35

Sche	dule A (Form 990 or 990-EZ) 2002							_		Page 5
Pa	t VI-A Lobbying Expenditures (To be completed ONLY		eligible organi	zation that fi			ınstr	uction	ıs)	N/A
Che	ck ▶ a	an affilia	ited group Che	ck ▶ b 🔲	ıf you checke	d "a" a	nd "limi	ted cor	trol"	provisions apply
	Limits on Lo (The term "expenditures	-	ng Expenditur					(a) ated gro totals	ηυp	(b) To be completed for ALL electing organizations
_			 _	<u>-</u>		Tas				Organizations
38	Total lobbying expenditures to influence	-		, -		36				
37 38	Total lobbying expenditures to influence	_	•	t lobbying)		38				
39	Total lobbying expenditures (add lines 3 Other exempt purpose expenditures	o and s	51)			39				
40	Total exempt purpose expenditures (add	i lines :	38 and 39)			40				
41	Lobbying nontaxable amount Enter the		•	ng table						
			bying nontaxab	-	-					
	Not over \$500,000	20% of	the amount on I	ine 40	}					
	Over \$500,000 but not over \$1,000,000	\$100,00	00 plus 15% of the	excess over \$	500,000					
		-	00 plus 10% of the			41				
	Over \$1,500,000 but not over \$17,000,000		•	excess over \$1	,500,000					
40		\$1,000,	-		,	42				
42 43	Grassroots nontaxable amount (enter 25 Subtract line 42 from line 36 Enter -0- i		•	no 26		43	<u> </u>			<u></u>
44	Subtract line 42 from line 38 Enter -0-1			- • -		44			_	
	Cabdade into 41 Holli line of Enter 6 1	1 11110 7	r is more triair in	00						
	Caution If there is an amount on either	line 43	or line 44, you n	nust file Form	4720					
	(Some organizations that made a	sectio	eraging Penoc n 501(h) election or lines 45 throug	do not have to	o complete a	Il of the		column	s be	elow
			Lob	bying Expend	itures Durin	g 4-Ye	ar Ave	eragin	g Pe	riod
	Catendar year (or fiscal year beginning in) ▶		(a) 2002	(b) 2001	(c) 200			(d) 1999		(e) Total
45_	Lobbying nontaxable amount			·				·····		
46	Lobbying ceiling amount (150% of line	15(e))								
47	Total lobbying expenditures									
48	Grassroots nontaxable amount					,,, ,,, ,,,,,	, ,,,,,,,,,			
49_	Grassroots ceiling amount (150% of line	48(e))								
50	Grassroots lobbying expenditures			<u> </u>	1.110					
Pa	rt VI-B Lobbying Activity by No (For reporting only by org				Part VI-A	(See	page	11 o	f the	e instructions)
	ng the year, did the organization attempt mpt to influence public opinion on a legisl				•	uding a	any	Yes	No	Amount
а	Volunteers									
þ		pensati	on in expenses re	eported on line	es c through	h)	ļ			
C	Media advertisements						}			
d	Mailings to members, legislators, or the		onte				ł			
e f	Publications, or published or broadcast Grants to other organizations for lobbying						ļ			
g	Direct contact with legislators, their staff			or a legislative	e body		į			
h		-		_	•		[
į	Total lobbying expenditures (Add lines of	throug	gh h.)							
	If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities									

Oaka kila i	. (F 000 000 FT	0700					
Part V		n Regarding Tra	ansfers To and Transaction be page 12 of the instruction	ons and Relationships With I	Noncharital		age 6
				following with any other organization 527, relating to political organization		in s	ection
a Tra	nsfers from the rep	orting organization	to a noncharitable exempt orgi	anization of	<u></u>	Yes	No
(1)	Cash				51a(ı)		<u> </u>
(n)	Other assets				<u>a(u)</u>		<u> </u>
b Oth	er transactions				}		1
(1)	Sales or exchang	es of assets with a	ı noncharıtable exempt organiza	ition	<u>b(ı)</u>	-	
(iı)	Purchases of asset	ets from a noncha	ritable exempt organization		<u>b(11)</u>		
(m)	Rental of facilities	s, equipment, or ot	her assets		b (111)		 -
(IV)	Reimbursement a	rrangements			b(iv)		├──
	Loans or loan gua				b(v)_		
			ship or fundraising solicitations		b(vi)		
	-		sts, other assets, or paid emplo		<u> </u>		<u> </u>
goo	ds, other assets, or	services given by th	ne reporting organization. If the or	Column (b) should always show the ganization received less than fair mads, other assets, or services received	rket value in a	ue of	tne
(a)	(b)		(c)	(d)	-	_	
Line no	Amount involved	Name of non-	charitable exempt organization	Description of transfers, transactions,	and sharing am	ngeme	ents
	<u> </u>			 			
	 			 			
				 			
	 			} 			
				 			
				· 			
							
				 			
		 		 			
	 	 		 			
				 			
				 			
				 			
							
							
des	-	01(c) of the Code (other than section 501(c)(3)) or	ne or more tax-exempt organization section 527?	ons Yes		No
	(a) Name of organiz	ation	(b) Type of organization	(c) Description of relat	ionship		
				 			
				 			
			 	 			
			<u></u>	 			
			 				
				 			
			 	 			
	_ 		 	 			
			 	 			
				 			
			 	 			
				 			

BANK OF AMERICA, N.A. TEFRA CONTROL FL9-100-04-08 9000 SOUTHSIDE BLVD. JACKSONVILLE, FL 32256

Bank of America

BANK # 0075

DB04 100102648 0411

***5-DIGIT32257

MANDARIN OAKS ELEMENTARY PARENT TEACHER ASSOCIATION 10600 HORNETS NEST RD JACKSONVILLE, FL 32257

COMBINED TAX STATEMENT FOR YEAR 2002

THIS STATEMENT REPORTS 1099 DIV (OMB No. 1545-0110) 1099 INT (OMB No. 1545-0112) 1099-OID (OMB No. 1545-0117) 1098 (OMB No. 1545-0901) 5498 (OMB No. 1545-0747), 1099-MISC (OMB No. 1545-0115) 1099-B (OMB No. 1545-0715), 1099-C (OMB No. 1545-0907) 1099-C (OMB No. 1545-1576) 1098-E (OMB No. 1545-1576) DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE

PAYERS E.I.N. 94-1687665

CUST SERV PH # 1-877-520-1099

TAXPAYERS IDENTIFICATION NUMBER

59-2959876

"For Form 1099-B, DIV, INT, MISC and OID. This is important tax information and is being furnished to the internal Revolue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported."

ACCOUNT NUMBER ACCOUNT TYPE IRS DESCRIPTION IRS BOX #

* * * 2002 - 1099-INT, INTEREST INCOME * * *

0030-6950-2928 BUS SAVINGS INTEREST INCOME 1 250.70

MANDARIN OAKS ELEMENTARY
PARENT TEACHER ASSOCIATION

PLEASE NOTE INQUIRIES REGARDING THESE ACCOUNTS SHOULD BE DIRECTED TO OUR CUSTOMER SERVICE PHONE NUMBER ABOVE PLEASE CHECK YOUR TAXPAYER IDENTIFICATION NUMBER AND CALL THE NUMBER LISTED ABOVE IF IT IS INCORRECT

TDD HEARING IMPAIRED PLEASE CALL 1-800-288-4408

FORM 1099 OID THIS MAY NOT BE THE CORRECT FIGURE TO REPORT ON YOUR INCOME TAX RETURN. SEE INSTRUCTIONS ON BACK.

Committee Expenses

Bank Fees	\$68
County Council Dues	\$3 5
Publications	\$70
Insurance	\$ 375
Office Supplies	\$145
President and Principal Luncheon	\$206
PTA Conference	\$341
Cultural Arts	\$3,542
Faculty/Staff Appreciation	\$1,050
Florida PTA	\$100
Historian	\$225
Hospitality	\$313
Membership	\$383
Student Enrichment	\$100
Sunshine Math	\$878
Volunteers	\$667
Contingency	\$126

School Projects

Activities	\$382
DARE	\$243
Fifth Grade Graduation	\$300
Patrols	\$ 623
School Improvement	\$17,178
Student Council	\$210