



## 2010 – 2011 ANNUAL LOCAL UNIT REGISTRATION FORM

PTA District Number \_\_\_\_\_

Full Name of PTA/PTSA \_\_\_\_\_

**All local units will receive the local unit packet information on CD.**

If you would like a hard copy instead please contact the state office.

School Information:

Name \_\_\_\_\_

Address \_\_\_\_\_

(City)

(Zip Code)

(Phone)

(County)

Principal's Name \_\_\_\_\_

The Internal Revenue Service requires all not-for-profit organizations with **GROSS RECEIPTS** in excess of **\$25,000.00** to file form 990EZ no later than three months after its fiscal year end. All not-for-profit organizations with gross receipts less than \$25,000.00 must file an electronic postcard no later than three months after its fiscal year end.

Do the **GROSS RECEIPTS** (income before expenses) of your PTA **exceed \$25,000.00** annually? \_\_\_\_ Yes \_\_\_\_ No

Step one to remaining a Unit in Good Standing is to complete this form front and back.

**Return by May 15, 2010 to:**

Illinois PTA  
P O Box 907  
Springfield, IL 62705 or fax to 217.528.9490

You may also call the state office at 800.877.9617 to request an electronic version of this form

**LOCAL UNIT NAME** \_\_\_\_\_ **PTA DISTRICT** \_\_\_\_\_

**PTA President's Name** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_ E-mail \_\_\_\_\_

**PTA Vice President's Name** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_ E-mail \_\_\_\_\_

**PTA Treasurer's Name** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_ E-mail \_\_\_\_\_

**PTA Secretary's Name** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_ E-mail \_\_\_\_\_

**PTA Membership Chairman's Name** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_ E-mail \_\_\_\_\_

**PTA Legislation Chairman's Name** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_ E-mail \_\_\_\_\_

**PTA Cultural Arts Chairman's Name** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_ E-mail \_\_\_\_\_

**PTA Newsletter Chairman's Name** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_ E-mail \_\_\_\_\_

**Other Officers/Chairmen:**