Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ 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.

Α	For the	2013 calend	ar year, or tax year beginning	3/26	, 2013,	and ending	_	12/31	, 20	13		
В	Check if a	pplicable:	C Name of organization D Empl		oyer identif	fication numbe	r					
	Address	The Old Post Road School Parent Advisory Committee (OPR PAC)						45-4171417				
닖	Name cha	•	Number and street (or P.O. box, if mail is not de	livered to street address	s)	Room/suite	E Telep	phone numb	er			
	Initial retu		99 Old Post Road				L	(508) 6	60-7219			
H	Terminate		City or town, state or province, country, and ZIF	or foreign postal code			F Grou	up Exempt	ion			
Ħ		on pending	East Walpole, MA 02032				Nun	nber 🕨				
G	Accoun	ting Method:	✓ Cash	>		н	Check I	▶ if the	e organization	is not		
1 3	Website	e: www.	oprpac.org						Schedule B			
J 1	Гах-ехег	mpt status (che	eck only one) — ✓ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4	947(a)(1) o	r 🔲 527	(Form 9	90, 990-EZ	z, or 990-PF).			
						Unincorporat	ted asso	ciation				
			7b, to line 9 to determine gross receipts. If									
(Pa	rt II, col	lumn (B) belov	w) are \$500,000 or more, file Form 990 inste	ead of Form 990-EZ.				▶ \$	ę	62,831		
P	art I	Revenu	e, Expenses, and Changes in Ne	t Assets or Fund	Balanc	es (see the	instruc	tions for				
			the organization used Schedule O to			,				. 🗆		
	1		ons, gifts, grants, and similar amounts		•			1		100		
	2		ervice revenue including government fe					2	1	62544		
	3	-	ip dues and assessments			1550	7.50	3		187		
	4	Investment	•	850 85	3 323 323	888	818 118	4		101		
	5a		ount from sale of assets other than inve	entory	5a	838	929 SD:					
	b		or other basis and sales expenses .		_							
	C		·			ne 5a)	5c					
	6	Gaming and fundraising events										
ne Te	а	Gross inco \$15,000) .	ome from gaming (attach Schedule	-	an 6a							
Revenue	b	Gross inco	me from fundraising events (not includ	lina \$		contribution	is .					
ě			aising events reported on line 1) (attac									
_			h gross income and contributions exce									
	C	Less: direc	t expenses from gaming and fundraising	ng events	6c			R. 6				
	d		e or (loss) from gaming and fundraising		es 6a and	6b and sub	otract	1.77				
		line 6c) .					[6d				
	7a	Gross sales	s of inventory, less returns and allowan	ices	7a		İ					
	b		of goods sold					5.34				
	С		it or (loss) from sales of inventory (Subt					7c				
	8		nue (describe in Schedule O)					8				
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and					9	6	2,831		
	10		similar amounts paid (list in Schedule					10		6,270		
	11		· · · · · · · · · · · · · · · · · · ·		~ ~ ~	* * * *		11		0,210		
es	12		ther compensation, and employee bene				2 2	12				
Se	13	-	al fees and other payments to independ					13				
Expense	14		, rent, utilities, and maintenance				38. 38.	14				
Ä	15		iblications, postage, and shipping					15		147		
	16		nses (describe in Schedule O)					16	3.	7,901		
	17							17				
	18	Evenes or /	nses. Add lines 10 through 16 deficit) for the year (Subtract line 17 fro	m line 9\				18		4,318		
Net Assets	19		or fund balances at beginning of yea					10		8,513		
SS	19		r figure reported on prior year's return)					19	F.	0.075		
ťΑ	20	-	ges in net assets or fund balances (exp				_		51	0,075		
Se	20 21	,	or fund balances at end of year. Comb		•			20 <u>0</u> 21 58,588				
	41	ואסנ מסטפנט ו	or runa barances at end of year. Comb	mie mies to unoug	1120 .			4 F	56	0,000		

Pa	rt II Balance Sheets (see the instructions					
	Check if the organization used Schedule	O to respond to a	ny question in this			(D) F-1-6
				(A) Beginning of year	00	(B) End of year
22	Cash, savings, and investments	5 5 6 6 5 5 5	5 to to	50,075	23	58,58
23	Land and buildings				24	
24 25	Total assets	* ** ** ** ** ** **	## ## ## · · ·	50,075		58,588
26	Total liabilities (describe in Schedule O)				26	30,300
27	Net assets or fund balances (line 27 of column	n (B) must agree wit	h line 21)	50,075		58,588
	t III Statement of Program Service Accom	plishments (see th	ne instructions for	Part III)		
	Check if the organization used Schedule				(Red	Expenses uired for section
Wha	t is the organization's primary exempt purpose?	See Schedule O			501(c)(3) and 501(c)(4)
as n	cribe the organization's program service accomplineasured by expenses. In a clear and concise nons benefited, and other relevant information for each	nanner, describe th	f its three largest pe services provide	orogram services, d, the number of	4947	nizations and section (a)(1) trusts; optional thers.)
28	Cultural Arts programs - The OPR PAC sponsored n					
	programs included Animal & Reptile show, NStar en			Science		
	programs. The number of persons benefited include	includes foreign gra			28a	4.556
29			···		204	4,550
29	Classroom Supplies - The OPR PAC provides for cla to be purchased for each teacher and aide in the sch					
	entire student body (approx 450) and all the teachers		Jei 30113 Dellellted 111	ciques the		
		includes foreign gra	ants, check here .	▶ 🗆	29a	4,950
30	Donation of technology - The PAC also purchases iP					
	benefited includes the entire student body (approx 4					
		includes foreign gra	ints, check here .	▶ 🗆	30a	2,470
31	Other program services (describe in Schedule O)					
		includes foreign gra			31a	4,294
	Total program service expenses (add lines 28a				32	16,270
Par					struc	tions for Part IV)
	Check if the organization used Schedule		(c) Reportable	(d) Health benefits.		· · · · <u>· </u>
	(a) Name and title	(b) Average hours per week devoted to position	compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	contributions to employe benefit plans, and	0	Estimated amount of ther compensation
Mere	dith Garrity, President					
99 OI	d Post Road, East Walpole, MA 02032	10	None	Non	e	None
	Sola, Vice President					
99 OI	d Post Road, East Walpole, MA 02032	5	None	Non	e	None
	a Sullivan, Treasurer					Mana
	d Post Road, East Walpole, MA 02032	10	None	Non	e i	None
	Huempfner, Secretary	3	None	None	۵	None
35 OI	d Post Road, East Walpole, MA 02032	3	NOTIC	, , , , , , , , , , , , , , , , , , ,		140710
	=======================================					
					-	
					+	
				1		
			<u>-</u>		+-	
					1	
				I	1	

Part	Other Information (Note the Schedule A and personal benefit contract statement requirement	s in tl	he	_
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part	Yes	No
33	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	103	√
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		1
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		1
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35b 35c		1
36	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		1
37a b 38a	Enter amount of political expenditures, direct or indirect, as described in the instructions Did the organization file Form 1120-POL for this year?	37b		1
b 39 a b 40a	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	38a		
b	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-EZ? If "Yes," complete Schedule L, Part I	40b		1
С	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			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
	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	223-6	1
41 42a	List the states with which a copy of this return is filed ► Massachusetts The organization's books are in care of ► Lara Huempfner, Treasurer Telephone no. ► (5)	508) 68	0 721	0
42a	Located at N. 00 Old Deat Dead Contilled Mile	020		3
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
-	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		√
	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 Foreign Bank and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		<u>√</u>
43	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 tax year		,)	N _a
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	Yes	No ✓
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		1
c d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d		1
45a 45b	Did the organization have a controlled entity within the meaning of section 512(b)(13)? Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of	45a		1
	Form 990-EZ (see instructions)	45b		1

Р	ac	16	4

									Yes	No
46	Did t	he organization engage, directly or in	ndirectly, in political c	ampaign activities	s on	behalf of o	r in opposi	tion		
	to ca	indidates for public office? If "Yes," o		, Parti <u></u>				. 46		1
Part	VI	Section 501(c)(3) organizations	s only							
		All section 501(c)(3) organization	is must answer que	stions 47–49b a	ınd t	52, and co	mplete th	e tables	tor lin	es
		50 and 51.			t at	-!- D+\//				
		Check if the organization used Sc	hedule O to respond	to any question	in tr	is Part VI	• • •		Yes	No
47	Dist.	to a constant on a constant in label in-	antivities or house o	naction EO1/b) ala	otio	n in offoot	during the	tov	Yes	NO
47		he organization engage in lobbying ? If "Yes," complete Schedule C, Par		section 50 (ii) ele		ii iii enect	duning the	. 47		1
40	*					 Sobodulo E		48		V /
48		organization a school as described in					,			V
49a		he organization make any transfers t es," was the related organization a se						. 49b	+	V
b 50	Com	plete this table for the organization's	five highest compen	sated employees	(oth	er than offi	cers direct			d key
50	empl	oyees) who each received more than	\$100,000 of comper	nsation from the o	rgan	ization. If t	here is non	e. enter "l	Vone."	,
	Ompi			1		(d) Health				
	(a)	Name and title of each employee	(b) Average hours per week	(c) Reportable compensation		contributions		(e) Estimate		
	,		devoted to position	(Forms W-2/1099-Mi	ISC)	benefit plans, compe		other cor	npensai	iori
None						·				
MOLIE			None	N	one		None			None
			None		OHE		None			10,10
										_
f	Total	number of other employees paid over	er \$100,000	. Þ						
51		olete this table for the organization'				contractors	who each	received	more	than
	\$100	,000 of compensation from the orga	nization. If there is no	ne, enter "None."						
	(a)	Name and business address of each independ	ent contractor	(b) Type of	servio	ce	(c)	Compensati	on	
None										
				None						None
		~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~				•				
						-				
-	-									
d	Total	number of other independent contra	ctors each receiving	over \$100,000		>				_
		ne organization complete Schedule A	-		nne s	and 4947(a)/1)			
		cempt charitable trusts must attach a						► ✓ Yes		lo
										t is
true, corr	ect, an	of perjury, I declare that I have examined this red d cop clete. Declaration of preparer (other than		mation of which prepa	rer ha	is any knowled	lge.			
		CHUCKUND - CH	PA	V:- U			102111	4		
Sign		Signature of officer				Date				
Here		Lara Huempfner, Treasurer								
		Type or print name and title								
Paid		Print/Type preparer's name	Preparer's signature		Date)	Check	if PTIN		
Prepa	rer						self-employ			
Use C		Firm's name ▶				Firm	's EIN ▶			
		Firm's address ▶				Phor	е по.		_	
May the	a IRS	discuss this return with the preparer	shown above? See in	nstructions			🕨	Yes	\square N	0

The Old Post Road School Parent Advisory Committee (OPR PAC), Inc.

Form 990-EZ

Schedule O Attachment

FEIN: 45-4171417

Disbursements to or for the benefit of the members:

5th Grade Yearbook	250
Books for Library	243
Concert Accompaniment	420
Cultural Arts	4,556
Docent	10
Field Day	763
Math & Science Nights	98
Plantings	82
Playground	550
Reading Incentives	400
Staff Appreciation Brunch	316
Classroom Supplies	4,950
Student Subsidies	268
Sunshine Fund	686
Donation of Technology	2,470
Friendship Directory Software	199
"What's It Like" Program	8
	16,270

The Old Post Road School Parent Advisory Committee (OPR PAC), Inc.

Form 990-EZ

Schedule O Attachment

FEIN: 45-4171417

Line 23 - Any expense not otherwise classified:

Miscellaneous Expense	198
Filing Fees - Non profit status	850
Insurance	551
	1,599

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.

▶ Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public Inspection

Name	of the organization					Employer identification number		
	Old Post Road School Parent Adviso	ory Committee (O	PR PAC), Inc.				171417	
	Reason for Public Cha						ons.	
The (organization is not a private found \square A church, convention of church							
2	A school described in section				ection i	10(0)(1)(2)(1).		
3	A hospital or a cooperative ho		•		n 170(b)	(1)(A)(iii).		
4	A medical research organizat)(iii). Enter the	
	hospital's name, city, and sta							
5	An organization operated for section 170(b)(1)(A)(iv). (Con	nplete Part II.)					tal unit described in	
7	☐ A federal, state, or local gove☐ An organization that normally described in section 170(b)(1	receives a sub	stantial part of its sup				m the general public	
8	A community trust described	in section 170(b)(1)(A)(vi). (Complete	Part II.)				
9	An organization that normally receipts from activities relate support from gross investme acquired by the organization a	ed to its exempt ent income and	functions—subject t unrelated business	o certain taxable	exception	ons, and (2) no mor (less section 511 ta	e than 331/3% of its	
10	An organization organized and	,	-					
11	An organization organized and one or more publicly supporte the box in lines 11a through 11	d organizations o	described in section 5	09(a)(1) d	or sectio	n 509(a)(2). See sec	tion 509(a)(3). Check	
а	Type I. A supporting organization the supported organization organization. You must con	s) the power to re	egularly appoint or ele					
b	☐ Type II. A supporting organic control or management of the organization(s). You must c	ne supporting or	ganization vested in th					
c	☐ Type III functionally integral its supported organization(s)	ated. A supportin	ng organization opera				ly integrated with,	
d	☐ Type III non-functionally in that is not functionally integr requirement (see instructions)	ated. The organi	ization generally must	satisfy a	distribut	ion requirement and		
е	Check this box if the organiz functionally integrated, or Ty						II, Type III	
f g	Enter the number of supported or Provide the following information						2 2 1	
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	listed in you docui	ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
				Yes	No			
(A)		.4						
(B)								
(C)								
(D)								
(E)								

18

Par	II Support Schedule for Organiza						
	(Complete only if you checked the						ualify under
	Part III. If the organization fails to	o qualify und	er the tests li	sted below, p	lease compl	ete Part III.)	
	ion A. Public Support	() 22/2	7.0044	4) 0040	(D 0040	() 00//	(0 T) !
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and 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						
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	Public support. Subtract line 5 from line 4.						
	on B. Total Support				T		
	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4						
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 VI.)	10	e		43		
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc.					12	
13	First five years. If the Form 990 is for the organization, check this box and stop her	e		-		ear as a sectio	
	on C. Computation of Public Suppor						
14	Public support percentage for 2014 (line 6					14	%
15 16a	Public support percentage from 2013 Sch 331/3% support test—2014. If the organiz box and stop here. The organization quali	ation did not	check the box	on line 13, and	d line 14 is 331		heck this
b	331/3% support test—2013. If the organic check this box and stop here. The organic	ization did no	t check a box	on line 13 or	16a, and line		or more,
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization mee Part VI how the organization meets the "fa organization	ets the "facts-a acts-and-circu	and-circumstar	nces" test, che	ck this box an	d stop here. E	xplain in
b	10%-facts-and-circumstances test – 20 15 is 10% or more, and if the organization Explain in Part VI how the organization me	on meets the eets the "facts	facts-and-cir- and-circumst-	cumstances" ances" test. Ti	test, check th ne organizatior	is box and sto n qualifies as a	op here.
	supported organization			a na a			. 🕨 🔲

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sect	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")				100		100
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose				62,544		62,544
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513		1		o		1
4	Tax revenues levied for the					-	
	organization's benefit and either paid		1				İ
	to or expended on its behalf				o		(
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge				o		1 0
6	Total. Add lines 1 through 5				62,644		62,644
7a							
	received from disqualified persons .				o		C
b	Amounts included on lines 2 and 3						
	received from other than disqualified			İ			
	persons that exceed the greater of \$5,000				1	ľ	
	or 1% of the amount on line 13 for the year				o	!	ا
С	Add lines 7a and 7b				0		0
8	Public support (Subtract line 7c from						
	line 6.)						62,644
Sect	ion B. Total Support				i!		02,044
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6	(-) -0 / 0	(-, -, -, -, -, -, -, -, -, -, -, -, -, -	(5) = 5 : =	(4) 2010	. (0) 20 1 1	62,644
10a	Gross income from interest, dividends,						02,011
	payments received on securities loans, rents,						
	royalties and income from similar sources	,			187		187
b	Unrelated business taxable income (less						
_	section 511 taxes) from businesses	,					
	acquired after June 30, 1975				o		0
С	Add lines 10a and 10b				187		187
11	Net income from unrelated business				107		107
•••	activities not included in line 10b, whether						
	or not the business is regularly carried on				0	1	0
12	Other income. Do not include gain or						
	loss from the sale of capital assets			j		İ	
	(Explain in Part VI.)				0		
13	Total support. (Add lines 9, 10c, 11,		-		0	-	0
	and 12.)				107		C2 024
14	First five years. If the Form 990 is for th	e organization	's first secon	d third fourth	or fifth tax ve	ar as a section	62,831 n. 501(c)(3)
1-7	organization, check this box and stop her	_					
Secti	on C. Computation of Public Suppor			 	· · · · · · · · · · · · · · · · · · ·		
15	Public support percentage for 2014 (line 8			3 column (fl)		15	%
16	Public support percentage from 2013 Sch					16	
	on D. Computation of Investment Inc					10	
17	Investment income percentage for 2014 (II			v line 13. colun	nn (fl)	17	%
18	Investment income percentage from 2013					18	%
19a	331/3% support tests—2014. If the organization						
	17 is not more than 331/3%, check this box a						
b	331/3% support tests – 2013. If the organiza						
U	line 18 is not more than 331/3%, check this b						
20	Private foundation. If the organization did						

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Sect	ion A. All Supporting Organizations		W	I NI.
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	Yes	No
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	За		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	Зс		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5а		5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	144	
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			
7	Part VI. Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		LE I
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		1568
С	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		-NJ I
10a		10a		I PO
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	10h		(Fr

Schea	ule A (Form 990 or 990-EZ) 2014			Page -
Part	Supporting Organizations (continued)		V	Al-
44	Has the organization accepted a gift or contribution from any of the following persons?	-	Yes	No
11				
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		0.2515.0
h	A family member of a person described in (a) above?	11b		-
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	-	
	ion B. Type I Supporting Organizations	1110		
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
•	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.			
Sooti	on C. Type II Supporting Organizations	2		
Secu	on c. Type if Supporting Organizations	- 1	Yes	No
1 -	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		163	NO
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).			H
Sacti	on D. All Type III Supporting Organizations	1		
Jecii	on B. An Type in Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	140
-	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax		Y LOUI	
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?			THE REAL PROPERTY.
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	1		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	2		
•	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		1017
Secti	on E. Type III Functionally-Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i		tions	1.
		iisti uc	uona	/-
a	The organization satisfied the Activities Test. Complete line 2 below.			
b c	 ☐ The organization is the parent of each of its supported organizations. Complete line 3 below. ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s 	oo inat	runtin	nal
•		_		
2	Activities Test. Answer (a) and (b) below.	,	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			5).
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			100
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these			
_	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	За		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	TYL	W. Z.
		ON		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	gani	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying			
other Type III non-functionally integrated supporting organizations must co	mple	ete Sections A through E	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount	_	(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d	=	
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2	,	
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		M .
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5	recommendation of the second second contract of the second second contract of the second seco	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functional instructions).	y-inte	egrated Type III supporti	ng organization (see

Part		3) Supporting Organi	izations (continued)	
Sect	ion D - Distributions	Current Year		
1	Amounts paid to supported organizations to accomplish			
2	Amounts paid to perform activity that directly furthers ex	empt purposes of suppo	orted	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt pur	poses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required			
6	Other distributions (describe in Part VI). See instructions	•		
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	ch the organization is res	ponsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount		(::)	an an an an an an an an an an an an an a
S	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
а			ma with many management of the control of the contr	**************************************
b				4 minuse 4 miles - 1 marie - 1 marie - 1 marie - 1 marie - 1 marie - 1 marie - 1 marie - 1 marie - 1 marie - 1
С				
d				Visited & Walter Avenue of the Control of the Contr
e	From 2013			n Matada da da da da da da da da da da da da
f	Total of lines 3a through e			
<u>g</u>	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2014 distributable amount			
i_	Carryover from 2009 not applied (see instructions)			***************************************
<u> </u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section			
	D, line 7: \$ Applied to underdistributions of prior years			
a b	Applied to underdistributions of prior years Applied to 2014 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
<u> </u>	Remaining underdistributions for years prior to 2014, if		827/12722222333333333	
9	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2015. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а				
b				
С				
d	Excess from 2013			
е	Excess from 2014			

	orm 990 or 990-EZ) 20	14	Drougal a Abrara	olonotine - ···	univad br. De-	+ II line 10: D-	will line 47c	Page 8
Part VI	Supplemental Part III line 12	Information. For Also complete	Provide the exp	olanations rec ny additional	quired by Par information	t II, line 10; Pa <i>(</i> See instructio	irt II, line 17a (ons)	or 1/b; and
	Tartin, into 12.	. 7 (30 complete	tino pare for a	ing additional	intorria di ori.	(CCC IIICII GCIIC		
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SCHEDULE 0 (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

Employer identification number

Open to Public Inspection

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.

Name of the organization		Employer identification number
The Old Post Road School Parent Advisory Committee (OPR PAC),	Inc.	45-4171417
Page 1, line 16, Other expenses:		
Program Evropes #26 202		
Program Expenses\$36,302		
Other Expenses\$ 1,599S	tatement 2	
Total\$37,901		
100		AJ-84A-84-8-8-8-8-8-8-8-8-8-8-8-8-8-8-8-8-
Page 2, Part III, What is the organization's primary exempt purpose?	?	
The primary purpose of The Old Post Road School Parent Advisory	Committee (OPR PAC), Inc. shall be	to establish a parent, teacher, and
school staff working relationship to enhance the school community	and learning environment within O	d Post Road School; to support
		ti form Old Book Book
students, teachers, school staff and programs through volunteer ar	nd fundraising effots; and to connec	t, engage and inform Old Post Road
School parents, legal guardians and persons standing in loco parer	ntis through ongoing effective comn	nunication.
Page 2, Part III, Line 31, Other Program Expenses: See Statement 2	for additional detail	
Page 1, line 10, Grants & Similar amounts paid: See Statement 1		

Schedule O (Form 990 or 990-EZ) (2014)	Page 2
Name of the organization	Employer identification number
y	

Old Post Road School Parent Advisory Committee (OPR PAC), Inc.

Form 990-EZ Late Explanation

FEIN: 45-4171417

For the tax year March 26, 2013 through December 31, 2013

The tax return is late due to a change in officers and it being an initial year with the tax exempt/non-profit status. The OPR PAC now has a CPA as their treasurer with experience in non-profit organizations.