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Department of the Treasury

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)

The organization may have to use a copy of this return to satisfy state reporting requirements

2 7			te 2005 calendar year, or tax year beginning October 1 , 2005, an	d ending Se	ntember	30 , 20 06
_				d criding Cc		yer identification number
E	_		use IRS Diorgo Middle School Parent Teacher Organization In	c	•	3327724
Ĺ			neith or Number and street for P.O. boy if mail is not delivered to street address			none number
Ĺ	=	ame c	nange type. 451 Control Ave Milton MA 02196		') 696-4568	
Ĺ	=	itial re	Specific Cobyrate and all 10 . 4		} `	<u> </u>
Ę	_	inal ret	tions			ing method: ☑ Cash ☐ Accrual ther (specify) ►
Ļ	=		d return	H and Lare n		e to section 527 organizations
L	_ A	pplicati	 Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). 			rn for affiliates? Yes V No
G	. v	Vebsite		H(b) If "Yes,"	enter numl	ber of affiliates ▶
-				H(c) Are all a	iffiliates incl	uded? Yes No
•	C	rganiz	zation type (check only one) ► 🗹 501(c) (3) < (insert no) 🗌 4947(a)(1) or 📗 527	(If "No,"	attach a lis	t See instructions)
H	C C	heck I	here > [] if the organization's gross receipts are normally not more than \$25,000. The	H(d) Is this a	separate retu	rn filed by an
			tition need not file a return with the IRS, but if the organization chooses to file a return, be file a complete return.			by a group ruling? Yes No
_		uie to	me a complete return Some states require a complete return.		xemption N	
L		ross	receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ \$138,330			the organization is not required Form 990, 990-EZ, or 990-PF)
		rt l'	Revenue, Expenses, and Changes in Net Assets or Fund Bala			
		1	Contributions, gifts, grants, and similar amounts received.			
		а	Direct public support	90.9	974	
		b	145	,-		
		C	10			
		d	Total (add lines 1a through 1c) (cash \$ 90,974 noncash \$	····	1d	90.974
		2	Program service revenue including government fees and contracts from the	r V() line 93)		
	-	3	Program service revenue including government fees and contract the Membership dues and assessments		3	4,615
	-	4	Interest on savings and temporary cash investments		4	
	-	5	Dividends and interest from securities NOV 6.5	2013	5	
		6a	Gross rents			
		b	Less: rental expenses	VCH		
			Net rental income or (loss) (subtract line 6b from line 6a)		6c	
		7	Other investment income (describe		j 7	
	Revenue	8a		B) Other		
	١٤		than inventory			
	-	b	Less. cost or other basis and sales expenses. 8b			
•			Gain or (loss) (attach schedule)			
,			Net gain or (loss) (combine line 8c, columns (A) and (B))		8d	
•		9	Special events and activities (attach schedule). If any amount is from gaming, che	ck here ▶ □		
		а	Gross revenue (not including \$ 90,974 of			
3			contributions reported on line 1a)	42,7	741	
07	-	b	Less: direct expenses other than fundraising expenses . 9b	25,	155	
7		С	Net income or (loss) from special events (subtract line 9b from line 9a)		9c	17,586
7		10a	Gross sales of inventory, less returns and allowances 10a			
3		b	Less: cost of goods sold			
5		С	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b	from line 10a)	10c	
		11	Less: cost of goods sold Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b Other revenue (from Part VII, line 103)	1 _	HAD	EN /
፷-	4	12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	· · / <u>@</u> [12-	113,175
≆	g	13	Program services (from line 44, column (B))	. [7]	. 13	117,085
₹	use	14	Management and general (from line 44, column (C))	· · <u> </u>	U 142	
Eustn ark date	Expenses	15	Fundraising (from line 44, column (D))	. -	15	10/1
Ę,	ت	16 17	Payments to affiliates (attach schedule)	· L_ ·()		N 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	_	17	Total expenses (add lines 16 and 44, column (A))			IV, U 117,085
	Net Assets	18			. 18	(3,910)
	Ass	19	Net assets or fund balances at beginning of year (from line 73, column		. 19	22,051
	ᅙ	20	• • • • • • • • • • • • • • • • • • • •		20	
_		21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)		21	18,141

Statement of Functional Expenses

All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

	Functional Expenses organizations and s	ection	4947 (a)(1) Honexempt	Chantable trusts but	optional for others, to	see the instructions.)
	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ $\frac{1,748}{}$ noncash \$ $\frac{0}{}$) If this amount includes foreign grants, check here	22	1,748	1,748		
23	Specific assistance to individuals (attach schedule)	23				
24	Benefits paid to or for members (attach schedule)	24				
25	Compensation of officers, directors, etc	25				
26	Other salaries and wages	26				
27	Pension plan contributions	27				
28	Other employee benefits	28				
29	Payroll taxes	29				
30	Professional fundraising fees	30				
31	Accounting fees	31				
32	Legal fees	32				
33	Supplies	33	4,772	4,772		
34	Telephone	34		·		
35	Postage and shipping	35				
36	Occupancy	36				
37	Equipment rental and maintenance	37				
38	Printing and publications	38	1"			
39	Travel	39				
40	Conferences, conventions, and meetings	40		·		
41	Interest	41				
42	Depreciation, depletion, etc. (attach schedule)	42				
43	Other expenses not covered above (itemize).					
чо a	Field trips, France trip, Outdoor Classroon	43a	77,367	77,367		
a b	Hospitality/food	43b	4,802	4,802		
_	Faculty support	43c	2,641	2.641		
c d	School store	43d	8,089	8,089		
a e	Library	43e	6,154	6,154		
•	Misc. school events	43f	11,414	11,414		
I .	Bank fees	43g	99	99		
g						
44	Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13–15)	44	117,085	117,085		
lois	t Costs. Check ▶ ☐ if you are following SOP	لستنسا		,		
Are o	try joint costs from a combined educational campaign	and for	indraising solicitation	reported in (R) Pro	gram services?	> ☐Yes ☐ No
If "V	es," enter (i) the aggregate amount of these joint costs	s \$	· (ii) the	amount allocated t	o Program services	 .s
	he amount allocated to Management and general \$, and (iv) the	amount allocated	to Fundraising \$	· · · · · · · · · · · · · · · · · · ·
<u>,, t</u>	The same and same and golfield w		1 2010 (12) (10		_	5 000 (0005)

Form **990** (2005)

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

٨h	at is the organization's primary exempt purpose? The purpose of the corporation is to provide curring	
	organizations must describe their exempt purpose achievements in a clear and concise manner. State the number	
	clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4)	(4) orgs , and 4947(a)(1) trusts, but optional for
_	anizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	others)
а	The Pierce Middle School serves approximately 900 children in grades six through eight,	
	approximately 100 faculty members and 15 administrative staff each year.	\
	The curriculum enrichment goal is achieved, among other efforts, by faciltiating an annual field trip	
	festival in the NE region for students in all performance electives to compete and receive	
	constructive artistic feedback on their musical performance. Other field trips include	
	Latin students travelling to local Junior Classical League conferences, (Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	77.000
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	77,366
b	for the standard formula of Francisco and the standard formula of the standard	
	french students travel to France on an exchange program, to attend plays in french, various museur	
	b) Faculty appropriate manifold to touch an order of the control o	
	b) Faculty support is provided to teachers who request mini-grants to purchase course materials	
	subscriptions, supplies, etc. Small donations are also made to other schools and charitable causes.	
	(Grants and allocations \$ 4,389) If this amount includes foreign grants, check here ▶ □	4,389
_	Social and cultural events are also sponsored by the PTO such as an annual craft fair, annual	4,303
C	International/Cultural night. Hospitatilty is provided for all faculty who engage in parent-teacher	
	conferences, for attendees at PTO meetings and school events, etc.	
	de la companya de la	
	•••••••••••••••••••••••••••••••••••••••	
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	16,114
d	The PTO also supports purchases of library materials and coordinates supervision for library hours	· ·
	outside of the regular school day. The general operating expense fot the PTO consist of bank fees	
	and supplies, as well as a school store run for the convenience of students and parents.	
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	19,215
9	Other program services (attach schedule)	
_	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	
f	Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶	117,085
		E 000 (2005)

Form **990** (2005)

ιPá	rt IV.	Balance Sheets (See the instructions.	.)				
	lote:	Where required, attached schedules and amounts column should be for end-of-year amounts only.	within	the description	(A) Beginning of year		(B) End of year
	45	Cash—non-interest-bearing			22,051	45	18,141
	46	Savings and temporary cash investments .				46	
	47a	Accounts receivable	47a				
	ь	Less: allowance for doubtful accounts .	47b			47c	·
						i	
	48a	Pledges receivable	48a				
	b	Less allowance for doubtful accounts .	48b			48c	
	49	Grants receivable				49	
	50	Receivables from officers, directors, truste	es, ar	id key employees			
		(attach schedule)				50	
	51a	Other notes and loans receivable (attach					
ets		schedule)	51a				
Assets	b	Less: allowance for doubtful accounts .	51b			51c	
⋖	52	Inventories for sale or use				52	
	53	Prepaid expenses and deferred charges				53	
	54	Investments—securities (attach schedule) .		► ☐ Cost ☐ FMV		54	
	55a	Investments—land, buildings, and	1 1				
		equipment: basis	55a				
	b	Less: accumulated depreciation (attach					
		schedule)	55b			55c	
	56	Investments—other (attach schedule)	670			36	
	l	Land, buildings, and equipment: basis .	57a				
	b	Less: accumulated depreciation (attach	57b			57c	
		schedule)				58	
	58	Other assets (describe ▶)		00	· · ·
	59	Total assets (must equal line 74). Add lines	45 thr	ough 58.	22,051	59	18,141
	60				,	60	
	61	Accounts payable and accrued expenses . Grants payable				61	
	62	Deferred revenue				62	
Ś	63	Loans from officers, directors, trustees, and					
Liabilities	03	schedule)	-			63	
ğ	64a	Tax-exempt bond liabilities (attach schedule)				64a	
ت		Mortgages and other notes payable (attach		ule)		64b	
		Other liabilities (describe				65	
	66	Total liabilities. Add lines 60 through 65	<u></u>	<u> </u>	0	66	0
	Orga	anizations that follow SFAS 117, check here	→ □ :	and complete lines			
Ś		67 through 69 and lines 73 and 74.					
ဦ	67	Unrestricted				67	
ā	68	Temporarily restricted				68	
ä	69	Permanently restricted				69	
or Fund Balances	Orga	anizations that do not follow SFAS 117, check complete lines 70 through 74.	here	▶ ∐ and			
6	70	Capital stock, trust principal, or current fund	s			70	
ţ	71	Paid-in or capital surplus, or land, building,		upment fund .		71	
SSE	72	Retained earnings, endowment, accumulated				72	
Net Assets	73	Total net assets or fund balances (add line		i i			
Z		70 through 72;	_				
		column (A) must equal line 19; column (B) n				73	
	74	Total liabilities and net assets/fund balance	s. Add	d lines 66 and 73.	22,051	74	18,141

Pa	Reconciliation of Revenue per Aud instructions.)	lited Financial Statem	ents With Rev	enue pe	r Return	See the
a b	Total revenue, gains, and other support per audit Amounts included on line a but not on Part I, line				а	
1	Net unrealized gains on investments		b1			
2	Donated services and use of facilities		b2	·]	
3	Recoveries of prior year grants		b3	· · · · · · · · · · · · · · · · · · ·]	
4	Other (specify):		b4			
	Add lines b1 through b4				b	
С	Subtract line b from line a				С	
d	Amounts included on Part I, line 12, but not on I	ne a:				
1	Investment expenses not included on Part I, line	6b	d1]	
2	Other (specify):				i l	
			d2			
	Add lines d1 and d2				d	
e					e	_
, Pa	rt IV-B Reconciliation of Expenses per Au		nents With Ex	penses p	i I	n
a	Total expenses and losses per audited financial				а	
b	Amounts included on line a but not on Part I, line		b1			
1			b2		1	
2	Prior year adjustments reported on Part I, line 20 Losses reported on Part I, line 20		b3		1	
3	Other (specify):				1	
-	Other (specify).		b4			
	*		<u> </u>		b	
С					C	
d	Amounts included on Part I, line 17, but not on I					*
1	Investment expenses not included on Part I, line		d1			
2	Other (specify):					
			d2			
	Add lines d1 and d2				d	
0	Total expenses (Part I, line 17). Add lines c and				е	
NR.a	current Officers, Directors, Trustees or key employee at any time during the ye	ar even if they were not	compensated.) (S	ee the ins	structions.)	
	(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0)	(D) Contribut benefit pla compen	ions to employee ins & deferred sation plans	(E) Expense account and other allowances
	en DeLuca	President, 5 hrs/wk	-0-	Ì	- 0 -	-0-
	ndian Spring Road, Milton MA 02186					
	a Russo	Vice President, 5hrs/	-0-		- 0 -	- 0 -
	Gulliver St., Milton MA 02186					
	hel Shanor Meredith Circle, Milton MA 02186	Treasurer, 5hrs/wk	- 0 -		- 0 -	- 0 -
		-				
		-				
	•••••	-				
	· · · · · · · · · · · · · · · · · · ·					
		-		1		
		ļ				
	•••••	1				
				<u> </u>		
	•••••	-				

Form	990 (2005)					,	aye C
Par	tW-A Current Officers, Directors, Trustees	, and Key Employe	es (continued)			Yes	No
75a	Enter the total number of officers, directors, and trumeetings	ustees permitted to vo	te on organizatioi ▶ .	business at board			
b	Are any officers, directors, trustees, or key employ employees listed in Schedule A, Part I, or hig						
	contractors listed in Schedule A, Part II-A or						l
	relationships? If "Yes," attach a statement that ide				75b		✓
С	Do any officers, directors, trustees, or key employ employees listed in Schedule A, Part I, or hig	ees listed in Form 990	D, Part V-A, or hig	phest compensated			
	contractors listed in Schedule A, Part II-A or II-B, re						
	tax exempt or taxable, that are related to this organ Note. Related organizations include section 509(a	nization through comm	non supervision o		75c		✓
	If "Yes," attach a statement that identifies the organization and the other organization(s), including amounts paid to each individual by	and describes t	the compensati	hip between this on arrangements,			
d	Does the organization have a written conflict of in	=			75d		1
*Par		Key Employees That in ceived compensation of	r other benefits (de	escribed below) during ite column. See the ins	the ye	ear, lis ons.)	st that
	(A) Name and address	(B) Loans and Advances	(C) Compensation	(D) Contributions to employee benefit plans & deferred compensation plans	accou	Expendent and lowance	other
				-			
	- APU						
₽ai	Other Information (See the instruction					Yes	No
76	Did the organization engage in any activity not p	reviously reported to	the IRS? If "Yes,	" attach a detailed	70		-
					76 77	 	\ <u>\</u>
77	Were any changes made in the organizing or governous of the changes attach a conformed copy of the changes	S			''		_
78a	Did the organization have unrelated business gro		or more during t	he year covered by	78a	<u> </u>	1
•-	this return?				78b		├ ▼
	If "Yes," has it filed a tax return on Form 990-T f	•	on during the co	ar? If "Voc." attach			<u> </u>
79	Was there a liquidation, dissolution, termination, of a statement		ion during the ye	arn res, attach	79		✓
80a	Is the organization related (other than by associated common membership, governing bodies, trusted	tion with a statewide					
h	organization?				80a		1
D	If "Yes," enter the name of the organization					1	
	Enter direct and indirect political expenditures (S Did the organization file Form 1120-POL for this	ee line 81 instructions	s.) 81a	- 0 -	81b		1

Part \	VIII.	Analysis of Income-Producing /	Activities (See	the i	nstructions.	.)			
Note: E	nte	er gross amounts unless otherwise	Unrelated t	ousine	ess income	Excluded	by secti	on 512, 513, or 514	(E)
ındicate	ed.	gram service revenue.	(A) Business code		(B) Amount	(C) Exclusion		(D) Amount	Related or exempt function income
а.	, , ,	gram service revenue.							
b									
C									
d									
e									
f	Ме	dicare/Medicaid payments		\perp					
g	Fee	es and contracts from government agencie	es	 					
94	Ме	mbership dues and assessments .		1			_		4,615
		rest on savings and temporary cash investmen	ts	+					
		idends and interest from securities		-	**************************************				1
		rental income or (loss) from real estate:		+			-		
		ot-financed property		+		-			
		debt-financed property		+-	· · ·	 			
		rental income or (loss) from personal propert ner investment income	у	+			\neg		
		or (loss) from sales of assets other than invento	n/						<u></u>
		t income or (loss) from special events .	'y	1					17,586
		oss profit or (loss) from sales of inventory		1					
		ner revenue: a							
Ь.									
C.									
d.		····	_						
е.			_						
		ototal (add columns (B), (D), and (E))				<u> </u>			22,201
105 Note:	lot	al (add line 104, columns (B), (D), and (E) e 105 plus line 1d, Part I, should equal th))	10				.▶	22,201
Part'\						2) 2020	oo the	netructions)	.
Line N	•	Explain how each activity for which incor							accomplishment
₩		of the organization's exempt purposes (o						inportaintly to the	accompliani
94		Membership dues are utilized in a gen	eral fund suppo	rting	curriculum	enrich	nent	& support activ	vities such as s
		and teacher grants as well as hospital	ity for parent/tea	ache	r conference	es and s	choo	l community a	ssemblies.
101		Special events revenue is generally de							
21: 61: 2		discretion of the principal. Fundraising							raduation-relate
Part I	X.	Information Regarding Taxable Sul		isreç	garded Entit	i es (See	the I	nstructions.)	
		ne, address, and EIN of corporation, partnership, or disregarded entity c	(B) Percentage of ownership interest		(C) Nature of ac	ctivities		(D) Total income	(E) End-of-year assets
			%						
			%		,				
			<u>%</u>						
Part.	χ.'.	Information Regarding Transfers Ass		sona	l Benefit Co	ntracts (See th	ne instructions)	<u>. </u>
	_	the organization, during the year, receive any funds,							☐ Yes 🔽 No
(b)	Did	the organization, during the year, pay profit "Yes" to (b), file Form 8870 and Form 4	emiums, directly	or in	directly, on a	•		•	☐ Yes ☑ No
	T	Under penalties of perjury, I declare that I have exam	ined this return, includ	ding a	ccompanying sc	hedules ar	d state	ments, and to the b	est of my knowledge
Please		and belief, it is true, correct, and complete Declarat	tion of preparer (other	than	officer) is based	on all info	rmation		/
Sign	1	Janam Mey						10/14/	2013
Here		Signature of officer					Da	nte '	
		Lorraine Kiley, Treasurer	7.0		 				
	+	Type or print name and title			Date	Check if	_	D	DTIN 10 C
Paid		Preparer's signature			Date	self-		reparer's SSN or	PTIN (See Gen Inst W)
Preparer	'S	Firm's name (or yours			L	employed	IN EIN	<u>▶</u>	
Use Only	1	if self-employed), address, and ZIP + 4						no ▶ ()	
	_								

	90 (2005)			age
ar	Other Information (continued)		Yes	No
	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a		✓
	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II.			
	See instructions in Part III.)	022		
	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a 83b		
	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	84a		
	Did the organization solicit any contributions or gifts that were not tax deductible?	040		
	If "Yes," did the organization include with every solicitation an express statement that such contributions or	84b		
	gifts were not tax deductible?	85a		
þ	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b		
	received a waiver for proxy tax owed for the prior year.			
	Dues, assessments, and similar amounts from members	-		
	Section 162(e) lobbying and political expenditures	-		
	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e	-		
	Taxable amount of lobbying and political expenditures (line 85d less 85e)	05.0		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		
	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h		
6	501(c)(7) orgs. Enter a Initiation fees and capital contributions included on			
	ine 12	-		
b	Gross receipts, included on line 12, for public use of club facilities 86b	-		İ
7	501(c)(12) orgs. Enter a Gross income from members or shareholders 87a			
	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88		1
9a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under: section 4911 ▶			
b	501(c)(3) and 501(c)(4) orgs. 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," attach a statement explaining each transaction	89b		✓
С	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization			
0a	List the states with which a copy of this return is filed ▶ Massachusetts			
	Number of employees employed in the pay period that includes March 12, 2005 (See instructions.)	(
	LOCATED AT THE	964-71 5-3313	73	
	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	045	Yes	No.
	account)?	91b		V
	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. At any time during the calendar year, did the organization maintain an office outside of the United States?	91c		1
•	If "Yes," enter the name of the foreign country ▶			

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 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information—(See separate instructions.)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

Name of the organization Employer identification number Pierce Middle School Parent Teacher Organization, Inc. 04:3327724 Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees (See page 1 of the instructions. List each one. If there are none, enter "None." (d) Contributions to (a) Name and address of each employee paid more (b) Title and average hours (c) Compensation mployee benefit plans & account and other than \$50,000 per week devoted to position deferred compensation allowances None Total number of other employees paid over \$50,000. Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services (See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.") (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation None Total number of others receiving over \$50,000 for professional services. Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services (List each contractor who performed services other than professional services, whether individuals or firms If there are none, enter "None." See page 2 of the instructions.) (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation None Total number of other contractors receiving over 0 \$50,000 for other services

Pag	е	2

Par		Statements About Activities (See page 2 of the instructions.)		Yes	No
1	atte or ır	mpt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid incurred in connection with the lobbying activities S	1_		√
	orga	anizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other anizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of lobbying activities			
2	sub: with own	ing the year, has the organization, either directly or indirectly, engaged in any of the following acts with any stantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or any taxable organization with which any such person is affiliated as an officer, director, trustee, majority iter, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the sactions.)	***		
а	Sale	e, exchange, or leasing of property?	2a		\
b		ding of money or other extension of credit?	2b		✓
С		nishing of goods, services, or facilities?	2c	ļ	✓
đ		ment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d		✓
е		nsfer of any part of its income or assets?	2e		✓
		you make grants for scholarships, fellowships, student loans, etc? (If "Yes," attach an explanation of how determine that recipients qualify to receive payments.)	3a	<u> </u>	✓
	•	you have a section 403(b) annuity plan for your employees?	3b		✓
С	Duri	ng the year, did the organization receive a contribution of qualified real property interest under section 170(h)?	3c		✓
	the	you maintain any separate account for participating donors where donors have the right to provide advice on use or distribution of funds?	4a		✓
b	Do y	you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b		✓
Par	ŧΙV	Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)	 		
he c	rgar	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	<u> </u>	A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).			
8		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 hospital state ▶	oital's	name	, city,
0		An organization operated for the benefit of a college or university owned or operated by a governmental unit. Sec (Also complete the Support Schedule in Part IV-A)			
1a		An organization that normally receives a substantial part of its support from a governmental unit or from the gene 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A)	ral pub	ilic. Se	ection
1b		A community trust. Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A.)			
2		An organization that normally receives. (1) more than 331/4% of its support from contributions, membership fees, from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no more than 33 from gross investment income and unrelated business taxable income (less section 511 tax) from businesse organization after June 30, 1975. See section 509(a)(2) (Also complete the Support Schedule in Part IV-A.)	1/3% of	its su	pport
3		An organization that is not controlled by any disqualified persons (other than foundation managers) and suppressible in. (1) lines 5 through 12 above, or (2) sections 501(c)(4), (5), or (6), if they meet the test of sections the box that describes the type of supporting organization Type 1 Type 2		a)(2). C	
	•	Provide the following information about the supported organizations (See page 6 of the instructions)		
		(a) Name(s) of supported organization(s) (b) Line from	numb n abov		
	-				
4	\Box	An organization organized and operated to test for public safety. Section 509(a)(4), (See page 6 of the instruc	tions)		

Cale 15				the cash method		ming.	
15	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2003	(c) 2002	(d) 200)1	(e) Total
	Gifts, grants, and contributions received (Do						
	not include unusual grants See line 28).	14,281	3,385	5,061			22,72
16	Membership fees received	<u></u>					
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	19,701	11,363	8,584			39,64
18	Gross income from interest, dividends,	10,101	11,000	0,004			00,04
	amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975						
19	Net income from unrelated business activities not included in line 18, .	1					
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
21	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.						
22	Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets						
23	Total of lines 15 through 22	33,982	14,748	13,645			62,37
24	Line 23 minus line 17	14,281	3,385	5,061			22,72
25	Enter 1% of line 23	340	34	136			
26	Organizations described on lines 10 or 11:		amount in column	ال ب		26a	
				•			
D	Prepare a list for your records to show the nam governmental unit or publicly supported organiz	ation) whose tota	gifts for 2001 the	ough 2004 exce	eded the	001	
	amount shown in line 26a. Do not file this list wi	-				26b	
c	Total support for section 509(a)(1) test Enter III				, ▶	26c	
d	Add Amounts from column (e) for lines 18				_	264	
_	Public support (line 26c minus line 26d total)		26b		•	26d	
f			ne 26c (denomin			26e	
27	Organizations described on line 12: a Fo person," prepare a list for your records to show to not file this list with your return. Enter the	r amounts including the name of, and the sum of such am	ed in lines 15, 16 total amounts receiounts for each ye	6, and 17 that welved in each year	rere receive or from, eac	ed from th "disqu	ualified person
	(2004) 0 (2003)	0	(2002)	0	. (2001)		
b	For any amount included in line 17 that was received show the name of, and amount received for each y (Include in the list organizations described in lines 5 the difference between the amount received and amounts) for each year (2004)	year, that was more through 11b, as w the larger amount	e than the larger of rell as individuals.) described in (1) o	of (1) the amount of Do not file this lis or (2), enter the su	on line 25 fo of with your of these	or the ye r return. e differer	ar or (2) \$5,000 After computinces (the exces
С	Add Amounts from column (e) for lines. 15	22,727 and line 27b total	16		_	_{27c}	62,37
d	Add. Line 27a total0	and line 27h total	21	<u> </u>		27d	02,01
	Public support (line 27c total minus line 27d total	alla ilile 275 total all		•		27e	62,37
е	Total support for section 509(a)(2) test Enter ar	nount from line 2	3. column (e)	▶ 27f	62,375	-	,••
e f						-1	
_	Public support percentage (line 27e (numera	tor) divided by li	ne 27f (denomin:	ator)) .	▶	27g	100
f	Public support percentage (line 27e (numera Investment income percentage (line 18, colu	tor) divided by li mn (e) (numerato	ne 27f (denomina or) divided by lin	ator)) . e 27f (denomina	► ator)). ►	27g 27h	100

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)

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?	29	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?	31		
	If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)			
32	Does the organization maintain the following			
	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
С	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)			
	Donatha annual atau di antana ta ku mana na ana mana mita ta			
33	Does the organization discriminate by race in any way with respect to			
а	Students' rights or privileges?	33a	***************************************	
b	Admissions policies?	33b		
С	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?	33g		
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?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
	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		

Pa	rt VI-A Lobbying Expenditures by Ele (To be completed ONLY by an					instructions	.)		
Che	ck ▶ a ☐ if the organization belongs to an affilia					d "limited contro	ol" provisions apply.		
	Limits on Lobbyir (The term "expenditures" mear	-				(a) Affiliated group totals	(b) To be completed for ALL electing organizations		
36	Total lobbying expenditures to influence public	opinion (grassro	ots lobbying)		36		-		
37	Total lobbying expenditures to influence a legislative body (direct lobbying)								
38	Total lobbying expenditures (add lines 36 and 3	38							
39	Other exempt purpose expenditures	39							
40	Total exempt purpose expenditures (add lines 3	40							
41	Lobbying nontaxable amount Enter the amoun								
	If the amount on line 40 is— The lo								
	Not over \$500,000 20% o								
		500,000	l		-				
	Over \$1,000,000 but not over \$1,500,000 . \$175,0								
	Over \$1,500,000 but not over \$17,000,000. \$225,0			500,000					
40			000						
42 43	Grassroots nontaxable amount (enter 25% of li Subtract line 42 from line 36 Enter -0- if line 43				43				
43 44	Subtract line 42 from line 38. Enter -0- if line 4.				44				
	Sabilast into 41 from into 66. Enter 6 in file 4	i is more than iii							
	Caution: If there is an amount on either line 43	or line 44, you r	nust file Form 47	20.					
		eraging Period		٠,		fluo anti-	halam		
	(Some organizations that made a section See the instructions for						Delow.		
		Lob	Lobbying Expenditures During 4-Year Averaging Period						
	Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2004	(c) 2003		(d) 2002	(e) Total		
		-							
45	Lobbying nontaxable amount								
46	Lobbying ceiling amount (150% of line 45(e))					·			
47	Total lobbying expenditures			-					
48	Grassroots nontaxable amount								
49	Grassroots ceiling amount (150% of line 48(e))	<u></u>							
50	Grassroots lobbying expenditures								
Pa	rt VI-B Lobbying Activity by Nonelec	ting Public Cl	harities	I					
	(For reporting only by organiza						the instructions.)		
	ng the year, did the organization attempt to influ				iding a	ny Yes N	o Amount		
	npt to influence public opinion on a legislative m	atter or referend	um, through the	use of.		 	;		
	Volunteers		.	 i					
b	Paid staff or management (Include compensation Media advertisements.	.							
_	d Mailings to members, legislators, or the public								
	e Publications, or published or broadcast statements								
f									
g	Direct contact with legislators, their staffs, gove						·		
h	Rallies, demonstrations, seminars, conventions,						<u> </u>		
i	Total lobbying expenditures (Add lines c throug	h h.)			•		0		
	If "Yes" to any of the above, also attach a state	ement giving a de	etailed descriptio	n of the lob	bying	activities.			

.⊮a	t VI			ransters To and Transa e page 12 of the instructio	ictions and Relationships With Noi ns.)	ncharitable				
51		the reporting orga	nization directly or	indirectly engage in any of the	following with any other organization describ	ed in section				
_	501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? Transfers from the reporting organization to a noncharitable exempt organization of									
а		<u> </u>	orting organization	to a nonchamable exempt orga	51a(Yes No i) ✓				
	• • •	Other assets			a(ii)	,				
L	٠,			· · · · · · · · · · · · · · · · · · ·	<u>' </u>					
D	Other transactions.									
	(i) Sales or exchanges of assets with a			, =						
	(ii) Purchases of assets from a nonchar			. •	· · · · · · · · · · · · · · · · · · ·					
	(iii)	Rental of facilities		ner assets						
	(iv)		_							
		Loans or loan gua			<u>b(v)</u>					
	(vi)	Performance of se	ervices or members	ship or fundraising solicitations) - - /				
C	Sha	rıng of facilities, eq	luipment, mailing li	sts, other assets, or paid emplo	oyees <u>c</u>					
d	d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of t goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in a transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.									
(a	a)	(b)		(c)	(d)					
Line	no	Amount involved	Name of nonc	charitable exempt organization	Description of transfers, transactions, and sharing a	arrangements				
					1					
				77-110-1111-11-1-1-1-1						
				, <u></u>		·······				
					-					
	des	•	01(c) of the Code (other than section 501(c)(3)) or	ne or more tax-exempt organizations in section 527? ▶ ☐ Y	es 🗹 No				
(a) Name of organization			ation	(b) Type of organization	(c) Description of relationship					
			alion	Type of organization	Description of relationship					
					 	-				