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Form **990**

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)

OMB No 1545-0047

Department of the Treasur Internal Revenue Service The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public

<u> </u>	For #	ne 2006 calendar year, or tax year beginning October 1 , 2006, and ending Se	ptembe	r 30 , 20 07
Α -			•	er identification number
		applicable Use IRS Use IRS C Name of organization Use IRS Pierce Middle School Parent Teacher Organization, Inc.	04	3327724
=		Brint of Number and street for P.O. how if mail is not delivered to street address.) Recombinate		one number
_	Name o	hange type 454 Control Ave. Milton 88A 03496	(617	
=	Initial re	Specific City or town state or country and ZID . 4		·
=	Final re	tions	_	ng method
=		ed return Hand lare not		to section 527 organizations
	Applicat	nn nenninn - Secusii Scilotti diganizations and 484 (atti nonexempt chantaple		for affiliates? Tes Ves No
G	Websit	Life) if "Voo." o		er of affiliates >
<u>u</u>	Websit	H(c) Are all affi		
J	Organi	zation type (check only one) ▶ 📝 501(c) (3) ◄ (Insert no) 🗌 4947(a)(1) or 📗 527 (If "No," a	ttach a list	See instructions)
к	Check	here In the organization is not a 509(a)(3) supporting organization and its gross	parate retur	n filed by an
	receipts	are normally not more than \$25,000 A return is not required, but if the organization chooses organization		y a group ruting? Yes V No
	to file a	return, be sure to file a complete return I Group Exe		
	Gross			the organization is not required orm 950 ASOLFTEO(\$90) FF)
	and	Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the		
EL C	1		1. 1	Strought Fall of the F.
	1	Contributions, gifts, grants, and similar amounts received.		and a final and
	a	Contributions to donor advised funds	<u>,</u>	hon up suit
	þ	Direct public support (not included on line ray	4	amora de la companya
	1 .	Indirect public support (not included on line 1a)	- :	TPR BRANCH
	d	Government contributions (grants) (not included on line 1a) 1d		OGDEN 673
3	1 .	Total (add lines 1a through 1d) (cash \$ noncash \$) .	1e	99,572
2013	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	2.475
	3	Membership dues and assessments	3	
87	4	Interest on savings and temporary cash investments	5	
	5	Dividends and interest from securities	2 () 2 ()	
NOV	6a	Gross rents		
Z	1	Lood Torrida CAportoco		
	,C	Net rental income or (loss). Subtract line 6b from line 6a	6c 7	
CT 2 PRANNED	7	Other investment income (describe) Cross amount from soles of assets other (A) Securities (B) Other	\$ TO 1	
\$	8a	Gross amount from sales of assets other		
	_	The state of the s	13.4	
	D .	2007 Color David Carlo Carlos Componisco.		
S.	ا		8d	
~	٦	Net gain or (loss). Combine line 8c, columns (A) and (B). Special events and activities (attach schedule). If any amount is from gaming, check here.	₹ 5 2	
<u></u>	"_		4.4	
0	a	Gross revenue (not including \$ 99,572 of contributions reported on line 1b)	6	
	Ь	Less: direct expenses other than fundraising expenses 32,46		
<u> </u>		Toda: Til Tot experiese etilei tilali idilalidig experiese	90	14,799
POSTMARK DA	10a	Net income or (loss) from special events. Subtract line 9b from line 9a	7.77	
₹ ₹	1	Less: cost of goods sold	3, 4	
5 <u>5</u>		Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a	10c	
ğ	11	Other revenue (from Part VII, line 103)	11	
;	12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12	116,846
	13	Program services (from line 44, column (B))	13	107,652
Ses	14	Management and general (from line 44, column (C))	14	
Expenses	15	Fundraising (from line 44, column (D))	15	
ă	16	Payments to affiliates (attach schedule)	16	
	17	Total expenses. Add lines 16 and 44, column (A)	17	107,652
Ş	18	Excess or (deficit) for the year Subtract line 17 from line 12	18	9,195
Net Assets	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	18,140
ž A	20	Other changes in net assets or fund balances (attach explanation)	20	27,335
ž	21	Net assets or fund balances at end of year Combine lines 18, 19, and 20	21	

	990 (2006)	_	<u></u>			Page 2
Par	Statement of All organizations m Functional Expenses organizations and s	ust com section 4	plete column (A) Col 947(a)(1) nonexempt	umns (B), (C), and (D charitable trusts but) are required for sec optional for others (ction 501(c)(3) and (4) 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
22a	Grants paid from donor advised funds (attach schedule) (cash \$ noncash \$) If this amount includes foreign grants, check here	22a			and general	
22b	Other grants and allocations (attach schedule) (cash \$) If this amount includes foreign grants, check here	22b	3,010	3.010		
23	Specific assistance to individuals (attach schedule)	23				
24	Benefits paid to or for members (attach schedule)	24				
25a	Compensation of current officers, directors, key employees, etc. listed in Part V-A (attach schedule)	25a				
b	Compensation of former officers, directors, key employees, etc listed in Part V-B (attach schedule)	25b				
c ,	Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c		1.11.2		
26	Salaries and wages of employees not included on lines 25a, b, and c	26				
27	Pension plan contributions not included on lines 25a, b, and c	27				
28 29	Employee benefits not included on lines 25a – 27	28 29				
29 30	Payroll taxes	30				
31	Accounting fees	31				
32	Legal fees	32				
33	Supplies	33				
34	Telephone	34				
35	Postage and shipping	35 36				
36	Occupancy	37				
37	Equipment rental and maintenance	38				
38	Printing and publications	39				
39	Travel	40		· · · · · · · · · · · · · · · · · · ·		<u> </u>
40	Conferences, conventions, and meetings	41		* * **		
41	Interest	42				
42	Other expenses not covered above (itemize):	·-				-3-
43	Field trips, France trip, MFE	43a	86,051	86,051		
a b	Hospitality/food	43b	2,762	2,762		
0	Faculty Support	43c	3,099	3,099		
d	School Store	43d	5,365	5,365	_	
e	School events	43e	6,948	6,948		
f	PTO operating/bank fees etc	43f	416	416		
g		43g				
44	Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)–(D), carry these totals to lines 13–15)	44	107,652	107,652		
Are a	t Costs. Check ▶ ☐ If you are following SOP my joint costs from a combined educational campaignes," enter (i) the aggregate amount of these joint cost amount allocated to Management and general \$	and futs \$, (ii) the	n reported in (B) Pro e amount allocated e amount allocated	to Program service	► ☐ Yes ☑ N s\$

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.

W	nat is the organization's primary exempt purpose? The purpose of the corporation is to provide curricular to the curricular to the purpose of the corporation is the purpose of the corporation is the purpose of the corporation to the curricular to the purpose of the corporation is the curricular to the curricu	
Ail	organizations must describe their exempt purpose achievements in a clear and concise manner. State the number	Expenses (Required for 501(c)(3) and
	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
org	panizations 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 northeast 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 ▶ □	86,051
b	rench students travel to France on an exchange program, to attend plays in french, various museum	
	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 \$ 3,010) If this amount includes foreign grants, check here ▶ □	5,861
Ç	Social and cultural events are also sponsored by the PTO such as an annual craft fair, annual	
	nternational/Cultural night. Hospitatilty is provided for all faculty who engage in parent-teacher	
	conferences, for attendees at PTO meetings and school events, etc.	
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	9,758
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 for 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 ▶ □	5,982
е	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) ▶	107, 652

Form **990** (2006)

Ρá	ırt IV	Balance Sheets (See the instructions	s.)				
1	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			18,140	45	27,335
	46	Savings and temporary cash investments .		46			
				元本に呼 りた。			
	47a	Accounts receivable		أتست			
	b	Less. allowance for doubtful accounts .	47b	Harris Harris Harris	## ***	47c	
			1	roth hall told at my		STATE	
	1	Pledges receivable	48a 48b		_		
	1	Less: allowance for doubtful accounts .	460			48c 49	
	49	Grants receivable				73	
	50a	Receivables from current and former officer key employees (attach schedule)	s, airea	ctors, trustees, and	1	50a	
	Ь.	Receivables from other disqualified persons	(as def	ined under section	,		
		4958(f)(1)) and persons described in section 495				50b	
	51a	Other notes and loans receivable (attach	(- / (- /	,,,	,	3.3	
şts		schedule)	51a			1 1	
Assets	b	Less: allowance for doubtful accounts .	51b			51c	
⋖	52	Inventories for sale or use				52	
	53	Prepaid expenses and deferred charges .				53	
	54a	Investments—publicly-traded securities	.)	► ☐ Cost ☐ FM	. [54a	
	b	Investments—other securities (attach sched	ule)	► ☐ Cost ☐ FM	IV	54b	
	55a	Investments—land, buildings, and	55a			V Jare	
		equipment: basis	55a			1.5	
	b	Less: accumulated depreciation (attach	55b			55c	
	56	schedule)	[000]			56	
		Land, buildings, and equipment. basis .	57a			و ما الما	
	ľ	Less: accumulated depreciation (attach				والمنافق المنافقة	
	_	schedule)	57b			57c	
	58	Other assets, including program-related investigation	estmen	ts			
		(describe ▶	40.440	58	07.005		
	59	Total assets (must equal line 74). Add lines	45 thr	ougn 58	18,140	59 60	27,335
	60	Accounts payable and accrued expenses				61	
	61 62	Grants payable				62	
ŵ		Deferred revenue	d kov	ompleyees (attach	, 	Jan Jan	
ities	63	Loans from officers, directors, trustees, an schedule)		employees (altach	1	63	
Liabili	64a	Tax-exempt bond liabilities (attach schedule				64a	
Ë		Mortgages and other notes payable (attach	•			64b	
	65	Other liabilities (describe ▶				65	
	66			<u> </u>			0
	Orga	inizations that follow SFAS 117, check here	▶ 📙 ३	and complete lines	3	7	
es		67 through 69 and lines 73 and 74				67	
anc.	67	Unrestricted	•			68	
39	68 69	Temporarily restricted	•			69	 -
Ā	1	Permanently restricted	k horo				
Fund Balances	Orga	complete lines 70 through 74	KIICIC	► L and			
	70	Capital stock, trust principal, or current fund	ds .			70	
ţ	71	Paid-in or capital surplus, or land, building,		juipment fund .		71	
SSE	72	Retained earnings, endowment, accumulate	d inco	me, or other funds		72	
Net Assets or	73	Total net assets or fund balances. Add lin	es 67 1	hrough 69 or lines	•		
Ž	ļ	70 through 72 (Column (A) must equal line				2005	
	74	equal line 21) Total liabilities and net assets/fund balance			18,140	73	27,335
	ı	, J.L. Hubinitios and Het desets/Turid balance	, 101	,55 55 a.ia 10	10,140	<u> </u>	21,000

Pa	t IV-A	Reconciliation of Revenue per Auinstructions.)	idited Financial Staten	nents	With Rev	enue pe	er Ret	urn (See the	
а		enue, gains, and other support per aud		3			а			
b		included on line a but not on Part I, III		b1			ĺ			
1		alized gains on investments		b2			1			
2		services and use of facilities		b3			1			
3 4		es of prior year grants ecify):					1			
4	Other (sp	ecny).		b4						
	Add lines	b1 through b4					b			
С		line b from line a		• •			С			
d		included on Part I, line 12, but not on		-						
1		nt expenses not included on Part I, lin		d1						
2		pecify):								
		,,		d2			<u> </u>			
		s d1 and d2					d			
е		renue (Part I, line 12) Add lines c and				▶	е	<u> </u>		
	rt IV-B						per R a	eturr 	<u> </u>	
а	•	penses and losses per audited financia					a			
b	-	included on line a but not on Part I, li		b1	1					
1		services and use of facilities		b2			┧			
2	-	r adjustments reported on Part I, line 2		b3			┪,			
3		eported on Part I, line 20		50			1			
4		pecify).		b4						
		b1 through b4					b			
С		line b from line a		•		•	С			
ď		included on Part I, line 17, but not on			•					
1		nt expenses not included on Part I, Im		d1						
2		pecify):					7			
_				d2				ļ		
		s d1 and d2					d			
e		penses (Part I, line 17) Add lines c an					е	<u> </u>		
Ŗа	rt V-A	Current Officers, Directors, Truster or key employee at any time during the y	es, and Key Employees lear even if they were not	compe	each persoi ensated.) <i>(</i> S	n wno wa ee the in	as an c structi	micer, ons.)	director,	trustee,
		(A) Name and address	(B) Title and average hours per week devoted to position	(C) C	ompensation t paid, enter	(D) Contribu	tions to e	mployee erred	(E) Expense and other al	
Ka	ra Russo			 	-0)	comper	isation pla	ins		
		treet, Milton MA	Co-President, 5hrs/wk		- 0 -			- 0 -		- 0 -
	stina Este	,	I	 	<u>_</u>					
-=-:			Co-President, 5hrs/wk		-0-			-0-		- 0-
Kri	stine Hod	lin	Treasurer, 5hrs/wk		<u> </u>					
	Maple Str	eet, Milton MA	ITeasurer, Smis/WK		- 0-			- 0 -		- 0 -
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				<u> </u>						

compensated employees listed in Schedule A, Part II. or highest compensated professional and other independent contractors listed in Schedule A, Part II. A or II.B., receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization". If "Yes," attach a statement that includes the information described in the instructions. If "Yes," attach a statement that includes the information described in the instructions. Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (if any for other described below) during the year is officer, director, rustee, or key employee received compensation or other benefits described below during the year is officer, director, rustee, or key employee received compensation or other benefits described below during the year is officer, director, rustee, or key employee received compensation or other benefits described below during the year compensation or other benefits in the appropriate column. See the instructions. (A) Name and address (B) Loans and Advances (B) Loans and Advances (C) Compensation (B) Compensation (C) Compensation (C) Compensation (C) Compensation (D) Contributes to employee (C) Compensation (D) Contributes to employee (E) Compensation (E	Par	IV-A Current Officers, Directors, Trustees	s, and Key Employe	es (continued)			Yes	No
b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part II. or highest compensated professional and other independent contractors listed in Schedule A, Part II. or highest compensated or depressional and other independent contractors listed in Schedule A, Part II. or highest compensated depressional and other independent contractors listed in Schedule A, Part II. or highest compensated professional and other independent contractors listed in Schedule A, Part II. or highest compensated professional and other independent contractors listed in Schedule A, Part II. or highest compensated professional and other independent contractors listed in Schedule A, Part II. or highest compensation from any other organizations, whether tax exempt or taxable, that are related to the organization from any other organizations of the definition of "related organization" in the definition of "related organization" in the definition of "related organization or organization or organization or organization or organization organization make a change in its activities or methods of conducting activities? If "Yes," attach a definition organization make a change in its activities or methods of conducting activities? If "Yes," attach a conformed copy of the changes To bit the organization make a change in its activities or methods of conducting activities? If "Yes," attach a conformed copy of the changes To bit the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? Was there a liquidation, dissolu	75a	,	ustees permitted to vo	te on organizatio . ▶ _	n business at board	. 67 19. 4. - 74.		1 1 1
compensated employees listed in Schedule A, Part II. or highest compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization." If "Yes," attach a statement that includes the information described in the instructions If "Yes," attach a statement that includes the information described in the instructions If "Yes," attach a statement that includes the information described in the instructions If "Yes," attach a statement that includes the information described in the instructions If "Yes," attach a statement that includes the information described in the instructions If "Yes," attach a statement of the organization in the appropriate column. See the instructions If "Yes," attach a statement of the organization and address If If "Yes," attach a statement of each change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change in the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? If "Yes," attach a conformed copy of the changes But the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? If "Yes," attach a conformed copy of the changes If "Yes," attach a conformed copy of the changes If "Yes," attach a conformed copy of the changes If "Yes," attach a conformed copy of the changes If "Yes," attach a conformed copy of the changes If "Yes," attach a conformed copy of the changes If "Yes," attach a conformed copy of the changes If "Yes," attach a conformed copy of the changes If "Yes," attach a conformed copy of the changes If "Yes," attach a conformed copy of the changes If "Yes," attach a conformed copy of the changes If "Yes," attach a conformed copy of the changes If "Yes," attach a conformed copy of the changes If "Yes," attach a conformed copy of the changes If "Yes," attach a conformed copy of the changes If "	b	employees listed in Schedule A, Part I, or high contractors listed in Schedule A, Part II-A or I	hest compensated p II-B, related to each	rofessional and other through	other independent family or business	18 ()	****	
Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (if any for officer director, trustee, or Key employee received compensation or other benefits in the appropriate Coulum. See the instructions.) (A) Name and address (B) Loans and Advances (C) Compensation (C) Compensation or other benefits in the appropriate Coulum. See the instructions.) (C) Compensation (C) Compensation (C) Compensation of paid. (C) Compensation (C) Compe		compensated employees listed in Schedule A, independent contractors listed in Schedule A, I organizations, whether tax exempt or taxable, that the definition of "related organization.". If "Yes," attach a statement that includes the info	Part I, or highest co Part II-A or II-B, rec it are related to the or rmation described in	ompensated profeive compensating sation? See	essional and other on from any other	75c		
officer, director, trustee, or key employee received compensation or other benefits described below) during the year, list to person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions. (A) Name and address (B) Loans and Advances (C) Compensation (I) Compensation (I) Compensation (If not paid, enter -0.) (B) Compensation (I) Compensation (II) Compensation (II) Compensation (III) Compen		1 10 10 10 10 10 10 10 10 10 10 10 10 10						
(A) Name and address (B) Loans and Advances (If not paid, enter -0-) berefit plans a deferred compensation plans a color and ottallowances allowances. Part VI Other Information (See the instructions.) 76 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change (Yes, attach a conformed copy of the changes) Were any changes made in the organizing or governing documents but not reported to the IRS? 77 If "Yes," attach a conformed copy of the changes 78 Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 80 If "Yes," has it filed a tax return on Form 990-T for this year? 9 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement 80 Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? 81 If "Yes," enter the name of the organization and check whether it is exempt or nonexempt and check whether it is exempt or nonexempt nonexempt and check whether it is exempt or nonexempt	Par	officer, director, trustee, or key employee red	ceived compensation of	r other benefits (de its in the appropria	escribed below) during	the y	ear, lis	
Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? b If "Yes," has it filed a tax return on Form 990-T for this year? Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? If "Yes," enter the name of the organization and check whether it is exempt or nonexempt and check whether it is exempt or nonexempt and check whether it is exempt or nonexempt state is exempt or nonexempt.		(A) Name and address	(B) Loans and Advances	(if not paid,	benefit plans & deferred	accou	unt and	other
Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? b If "Yes," has it filed a tax return on Form 990-T for this year? Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? If "Yes," enter the name of the organization and check whether it is exempt or nonexempt and check whether it is exempt or nonexempt and check whether it is exempt or nonexempt state is exempt or nonexempt.								
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a statement 80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? b If "Yes," enter the name of the organization and check whether it is □ exempt or nonexempt and check whether it is □ exempt or nonexempt organization? 80a 80a 80a 80a 80a 90 80a 90 80a 90 80a 90 90 90 90 90 90 90 90 90	b			•			<u> </u>	1
common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? b If "Yes," enter the name of the organization and check whether it is □ exempt or □ nonexempt or nonexempt or □ none		a statement				79	(3 ; eq.	✓ ✓
b If "Yes," enter the name of the organization ▶ and check whether it is □ exempt or □ nonexempt B1a Enter direct and indirect political expenditures. (See line 81 instructions)	80a	common membership, governing bodies, truste	es, officers, etc., to	any other exe		·,	A TE	
and check whether it is exempt or nonexempt nonexempt state of exempt or nonexempt state of exempt state of e	L	•			•	i.	1.540	'Es
81a Enter direct and indirect political expenditures. (See line 81 instructions)			and check whether it	ıs 🗆 exempt c	r nonexempt		3."	7.
bid the organization me verification		Enter direct and indirect political expenditures. (S	ee line 81 instructions	s) [81a]	0	81b		1

Pair	tVI. Other Information (continued)		Yes	No
	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge			
024	or at substantially less than fair rental value?	82a		✓,
b	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.)			
	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a		
	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	83b		
	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	84b		لـــــا
	gifts were not tax deductible?	85a		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85b		
D	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization	000		
	received a waiver for proxy tax owed for the prior year.			
_	Dues, assessments, and similar amounts from members			
c d	Section 162(e) lobbying and political expenditures			
	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f			
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		
86	501(c)(7) orgs Enter: a Initiation fees and capital contributions included on line 12 86a			-
b	Gross receipts, included on line 12, for public use of club facilities 86b			
87	501(c)(12) orgs Enter a Gross income from members or shareholders 87a			
b	Gross income from other sources. (Do not net amounts due or paid to other			
	sources against amounts due or received from them.)			
88a	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	 88a		
	301.7701-2 and 301.7701-3? If "Yes," complete Part IX	00a		<u> </u>
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the	88b		1
202	meaning of section 512(b)(13)? If "Yes," complete Part XI			
UJa	section 4911 ▶ 0; section 4912 ▶ 0, section 4955 ▶ 0	ż		
h	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 ▶			
	Enter: Amount of tax on line 89c, above, reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
_	transaction?	89e 89f		1
	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	091		<u> </u>
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the	, 1 34		
	supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g		لسسسا
QNa	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, 2006 (See			
O	instructions.)			0
91a	The books are in care of ▶ Lorrane Kiley Telephone no. ▶ (781)		4-717	3
-	Located at ▶ 31 Cape Cod Lane ZIP + 4 ▶ 02186	-3133		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
_	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	91b	a	√
	If "Yes," enter the name of the foreign country ▶	<u>خۇچىدە بە</u>		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank		ļ	j
	and Financial Accounts.			

	Other Information (continued)					1	Yes	No ✓
C At	any time during the calendar year, did the d 'Yes," enter the name of the foreign country	organization mai	ntain an office	outside of the	United States?	3101		
2 Se	ction 4947(a)(1) nonexempt charitable trusts denter the amount of tax-exempt interest re	filing Form 990	ın lıeu of Form	1041—Check	here		•	▶ [
art VII								
ote: En	ter gross amounts unless otherwise	Unrelated b	usiness income	Excluded by sec	tion 512, 513, or 514		(E)	
dicated.	•	(A)	(B)	_ (C)	(D)	exemp	lated of pt fun	
93 Pr	rogram service revenue.	Business code	Amount	Exclusion code	Amount	ın	come)
а								
b		-		1		<u> </u>		
С		-						
d				 		 		
e		-						
f M	edicare/Medicaid payments .							
-	ees and contracts from government agencies			 				
	embership dues and assessments .		_					2,475
	terest on savings and temporary cash investments	-	 	+	-	 		
	vidends and interest from securities	6 34 . 3 13	71 7 7		机大调光性机	,	• • • •	, ***
	et rental income or (loss) from real estate:	96. 45 g 2 g + me.	Bloth as a self self - 30	a winter,	a contract	1 1 1/2	· · · ·	
	ebt-financed property . ,	1						
	ot debt-financed property					<u> </u>		•••
	et rental income or (loss) from personal property ther investment income							
	un or (foss) from sales of assets other than inventory							
	et income or (loss) from special events .						14	1,799
	ross profit or (loss) from sales of inventory							
	ther revenue: a							
b _								
c _								
d _								
е		-						
)4 Su	ubtotal (add columns (B), (D), and (E)) .	in the state of the state of		The state of the s				
05 To	otal (add line 104, columns (B), (D), and (E))						17	7,274
	ne 105 plus line 1e, Part I, should equal the			~				
art VII		•						
Line No.	Explain how each activity for which income of the organization's exempt purposes (other)	e is reported in co	lumn (E) of Part	VII contributed i	mportantly to the	accom	plish	ment
94	Membership dues are utilized in a gene				& support activ	vitios s	such	26.6
34	and teacher grants as well as hospitalit							
101	Special events revenue is generally des							
	discretion of the principal. Fundraising							
art IX								
	(A) ame, address, and EIN of corporation,	(B) Percentage of Inership interest	(C) Nature of		(D) Total income	End	(E) l-of-ye	ear
	,	%						
		%						
		%						
		%						
Part X	Information Regarding Transfers Asso	ciated with Pers	onal Benefit C	ontracts (See t	he instructions.)			
all L.M.		rectly or indirectly, to				_		No

	· •						-
Par	Information Regarding I is a controlling organization			Entities. Com	olete only if the or	ganız	ation
106	Did the reporting organization mathe Code? If "Yes," complete the				tion 512(b)(13) of	Yes	No
	(A) Name, address, of each controlled entity	(B) Employer Identification Number		(C) ription of ansfer	(D) Amount of		fer
а							
b							
С							
	Totals	,					
107	Did the reporting organization rec 512(b)(13) of the Code? If "Yes,"				ı section	Yes	No
	(A) Name, address, of each controlled entity	(B) Employer Identification Number		(C) ription of ansfer	(D) Amount of		er
а							
b							
С							-
	Totals	The same of the sa	3 3		-		
108	Did the organization have a bindir rents, royalties, and annuities des			7, 2006, coverin	g the interest,	Yes	No
Plea: Sign Here	Signature of officer	have examined this return, incluse. Declaration of preparer (othe	ding accompanying s r than officer) is base	chedules and statered on all information	of which preparer has a	ny knov	wledge vledge
Paid Prepar	Preparer's signature Firm's name (or yours		Date	Check if self- employed ▶	Preparer's SSN or PTIN (S	iee Gen	Inst X)
Use O	f self-employed), address, and ZIP + 4			EIN Phone i	▶ ;		

Form **990** (2006)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.)

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

OMB No 1545-0047

2006

Employer identification number

Pierce Mide	dle School Parent Teacher Organiza	tion, Inc.		04	3327724
Part I	Compensation of the Five High (See page 2 of the instructions. I			lone.")	
(a) Name a	nd 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 of deferred compensation	(e) Expense account and other allowances
None					
Total number of	of other employees paid over \$50,000 .		u .	,	
Part II-A	Compensation of the Five High (See page 2 of the instructions. Lis				
(a) Na	ame and address of each independent contracto	r paid more than \$50,000	(b) Type	of service	(c) Compensation
None					
Total number professional	r of others receiving over \$50,000 for services		The Walter of the Control of the Con	,,,	
Pärt II-B	Compensation of the Five Higher (List each contractor who perform firms. If there are none, enter "No	ned services other than i	orofessional serv	Other Services rices, whether in	dividuals or
(a) Na	ime and address of each independent contracto	r paid more than \$50,000	(b) Type	of service	(c) Compensation
None					
	r of other contractors receiving over			The many is the standard	·

Pai	Statements About Activities (See page 2 of the instructions.)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities * (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)	1	"age" Hope	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities	1 2 4 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)	10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
а	Sale, exchange, or leasing of property?	2a		✓
b	Lending of money or other extension of credit?	2b		✓
С	Furnishing of goods, services, or facilities?	2c		✓
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d		1
е	Transfer of any part of its income or assets?	2e		✓
3а	Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)	3a		✓
b	Did the organization have a section 403(b) annuity plan for its employees?	3b		✓
С	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement.	3c		1
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? .	_3d		✓
	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g	4a		1
b	Did the organization make any taxable distributions under section 4966?	4b		-
С	Did the organization make a distribution to a donor, donor advisor, or related person?	4c		✓
đ	Enter the total number of donor advised funds owned at the end of the tax year			0
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year .			0
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts			0
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year			0

Pa	at II	Reason for Non-Private	Foundation S	Status (See pages 4	through 7 o	f the instruc	tions)	
l cer	tify	that the organization is not a priva	te foundation bed	ause it is (Please check	only ONE ap	plicable box)		
5		A church, convention of churches	, or association o	of churches Section 170)(b)(1)(A)(ı).			
6		A school Section 170(b)(1)(A)(ii)	Also complete Pa	art V.)				
7		A hospital or a cooperative hospi	tal service organi:	zation. Section 170(b)(1)	(A)(III)			
8		A federal, state, or local governm	ent or governmer	ntal 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's name, city, and state ▶							
10		An organization operated for the bi	_	or university owned or op	perated by a go	overnmental un	ut. Section 170(b)(1)(A)(iv)	
11a	An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A.)							
11b		A community trust. Section 170(b)(1)(A)(vi) (Also co	omplete the Support Sc	hedule in Part	t IV-A)		
12	\	An organization that normally receifrom activities related to its charitafrom gross investment income ar organization after June 30, 1975	able, etc , function ad unrelated busi	ns—subject to certain ex ness taxable income (le	cceptions, and ss section 511	(2) no more the tax) from bus	nan 331/3% of its support sinesses acquired by the	
13		An organization that is not contri requirements of section 509(a)(3)	Check the box ti	nat describes the type o	f supporting o	rganization		
		☐ Type II		II-Functionally Integrate		Type III-Othe		
		Provide the following info	rmation about th	e supported organizat	ions. (See pag	je 7 of the inst	ructions.)	
(a) Name(s) of supported organization(s)		` ,	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	Is the so organization the sup organiz	d) upported on listed in upporting zation's documents?	(e) Amount of support	
					Yes	No		
		-						
			71					
				- 1400				
Tota	١.	<u> </u>				•		
14		An organization organized and op	erated to test for	public safety Section 5	09(a)(4). (See	page 7 of the	instructions.)	

	: You may use the worksheet in the instructions ndar year (or fiscal year beginning in)	(a) 2005	(b) 2004	(c) 2003	(d) 200	<u> </u>	(e) Total
		(a) 2003	(b) 2004	(6) 2003	(u) 200	-	(e) Total
15	Gifts, grants, and contributions received (Do	00.074	44 204	2 205	_	064	442 704
	not include unusual grants. See line 28).	90,974	14,281	3,385 0		,061 0	113,701
16	Membership fees received	4,615	<u> </u>	U		٠	4,615
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.	42,741	19,701	11,363	8	,584	82,389
18	Gross income from interest, dividends, 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.						
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	138,330	33,983	· · · ·		,645	200,705
24	Line 23 minus line 17	95,589	14,281	3,385	5	,061	118,316
25	Enter 1% of line 23	1,383	340	147	<u> </u>	136	3 2 2 2 2
26	Organizations described on lines 10 or 11:	a Enter 2% of	amount in colum	ın (e), line 24	. •	26a	
b	Prepare a list for your records to show the name governmental unit or publicly supported organizamount shown in line 26a Do not file this list wi	ation) whose tota	l gifts for 2002 th	rough 2005 exce	eded the	26b	in his le
С	Total support for section 509(a)(1) test. Enter lin					26c	
d	Add: Amounts from column (e) for lines: 18				' ' ' '	,	
u					•	26d	
е	Public support (line 26c minus line 26d total)				· •	26e	
f	Public support percentage (line 26e (numera				▶	26f	9
27	Organizations described on line 12: a Fo person," prepare a list for your records to show to Do not file this list with your return. Enter the	the name of, and sum of such am	total amounts red nounts for each y	ceived in each yea year	ar from, eacl	n "disc	qualified person
	(2005) (2004)						
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	year, that was more through 11b, as we the larger amount	re than the larger vell as individuals. described in (1)	of (1) the amount) Do not file this li or (2), enter the s	on line 25 fo st with your um of these	r the y return differ	ear or (2) \$5,000 n. After computing ences (the excestible)
	(2005)		. (2003)		. (2002)		
С	Add: Amounts from column (e) for lines: 15	113,701	16 4, !	615		27c	200,70
d	Add Line 27a total0	and line 27b tota		0	▶	27d	(
e	Public support (line 27c total minus line 27d to				. ▶	27e	200,705
f	Total support for section 509(a)(2) test: Enter a	mount from line 2		▶ 27f	200,705	5	.v
g	Public support percentage (line 27e (numera	tor) divided by I	ine 27f (denomi	nator))	. ▶	27g	100 9
h	Investment income percentage (line 18, colu	mn (e) (numerat	or) divided by li	ne 27f (denomin	ator <u>)).</u> ▶	27h	0 9
28	Unusual Grants: For an organization describe prepare a list for your records to show, for each description of the nature of the grant Do not f	d in line 10, 11, ch vear, the nam	or 12 that receive of the contribu	ed any unusual	grants durir	the o	grant, and a br

Private School Questionnaire (See page 9 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,	30		
	programs, and scholarships?			
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	31		
	that makes the policy known to all parts of the general community it serves?	<u> </u>		
	11 Tes, please describe, if No, please explain (if you need more space, attach a separate statement)			
32	Does the organization maintain the following.	32a		لـــــا
а	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	32c		
	with student admissions, programs, and scholarships?	32d		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	OEG.		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement)			
22	Does the expensation descriptions by recording the way with respect to	,		
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.)	-		
		, <u>, , , , , , , , , , , , , , , , , , </u>		
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
		0.45		
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.	7 7 5		.
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		L

Pa	t VI-A Lobbying Expenditures by El (To be completed ONLY by ar					e inst	ructions	.)
Che	ck ▶ a 🔲 if the organization belongs to an affilia				<u> </u>	nd "limi	ted control	provisions apply
	Limits on Lobbyi (The term "expenditures" mea						(a) ated group totals	(b) To be completed for all electing
		· · · · · · · · · · · · · · · · · · ·	<u> </u>		36			organizations
36	Total lobbying expenditures to influence public			• • •	37			
37	Total lobbying expenditures to influence a legis		ct lobbying),	• • •	38			1
38	Total lobbying expenditures (add lines 36 and	37)		•	39			
39 40	Other exempt purpose expenditures				40			
41	Total exempt purpose expenditures (add lines Lobbying nontaxable amount Enter the amour		ing table	• •	Evr.	ا بري شهر	> PT 10	
71		obbying nontaxa	•		a ily		1 , 3, ta. , ta	The state of the s
		of the amount on		、	, , ,		. 2314	1 - V
	· · · · · · · · · · · · · · · · · · ·	000 plus 15% of t			18 p	, ',' x,		The same of the
		000 plus 10% of th		nn nnn }	41		-	
		000 plus 5% of the		500.000	£ . 3	2. 9r c	1 h	9 7
	Over \$17,000,000 \$1,000	-)				
42	Grassroots nontaxable amount (enter 25% of I	•		. [42			
43	Subtract line 42 from line 36 Enter -0- if line 4	•	ne 36.	. [43			
44	Subtract line 41 from line 38 Enter -0- if line 4	1 is more than lii	ne 38,		44			
	Caution: If there is an amount on either line 43	3 or line 44 vou i	must file Form 47	20	tarb y	· * (
				· · · · · ·	'	<u> </u>		المتحدث المحدد
		eraging Perio			~ f + h		محصرياهم	alaw
	(Some organizations that made a section See the instructions f						Joiumns L	leiow.
		Lob	bying Expenditu	ıres During	4-Ye	ar Ave	eraging P	eriod
	Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2005	(c) 2004			(d) 2003	(e) Total
45	Lobbying nontaxable amount							
46	Lobbying ceiling amount (150% of line 45(e))	The state of		من في في		. 43	73 - 11 4 7 4 6 B 11 19 1 2 1	
47	Total lobbying expenditures				·			
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
48	Grassroots nontaxable amount	The state of the s	a f give in gares		7 6:	5. a		3
49	Grassroots ceiling amount (150% of line 48(e))				3	ĨŁ.	Towns of the	1
50	Grassroots lobbying expenditures ,							
Pa	t VI-B Lobbying Activity by Noneled	cting Public C	harities					
	(For reporting only by organiza	tions that did	not complete	Part VI-A)	(See	page	13 of th	ne instructions.)
	ng the year, did the organization attempt to influ				ding a	ıny	Yes No	Amount
atte	mpt to influence public opinion on a legislative r	natter or referenc	lum, through the	use of			- ,	72, 46
а	Volunteers					. }	-	- 1 S
b	Paid staff or management (Include compensation	ion in expenses r	eported on lines	c through h.	.) .		1	,
C	Media advertisements					• •	1	
d					-	• •	\ \ \ \ \ \	
е	•			•		ŀ	/	+
f					•	• •		
9						.	1	
h	Rallies, demonstrations, seminars, conventions Total lobbying expenditures (Add lines c through			means .				3 0
'	If "Yes" to any of the above, also attach a stat	tement giving a d	etailed description	on of the lob	bying	activi	ties.	

Pari	.VI			ransfers To and Transage page 13 of the instruction	ctions and Relationships	With None	charit	:able
					following with any other organization 527, relating to political organi		d in s	ection
				to a noncharitable exempt orga			Yes	No
a		Cash .	ording organization	to a nonchantable exempt orga	inzacion of	51a(i)		1
	٠,	Other assets .				a(ii)		1
L	٠,							广
b		er transactions				b(i)		1
	٠,	J		noncharitable exempt organizat	tion	b(ii)		√
	٠.			itable exempt organization	• • •	b(iii)		✓
		Rental of facilities		ner assets			 	V
	(iv)	Reimbursement a	rrangements .			. b(iv)		V
	(v)	Loans or loan gua	arantees			b(v)	 	▼
				ship or fundraising solicitations		b(vi)	-	'
С	Sha	ring of facilities, eq	juipment, mailing li	sts, other assets, or paid emplo	yees	с	<u>.</u>	
	goo	ds, other assets, o	r services given by	y the reporting organization. If the	Column (b) should always show to the organization received less than s, other assets, or services receives	fair market		
(a))	(b)		(c)	(d)			
Line	no	Amount involved	Name of none	charitable exempt organization	Description of transfers, transactions	, and sharing arr	angem	ents
	des	-	01(c) of the Code (other than section 501(c)(3)) or i	e or more tax-exempt organization section 527?	ons Yes	• Z	No No
		(a)		(b)	(c)			
		Name of organiz	ation	Type of organization	Description of rela	itionship		
		· · · · · · · · · · · · · · · · · · ·						
			·					

			· · · · · · · · · · · · · · · · · · ·					
-						-		

PIERCE MIDDLE SCHOOL PTO Schedule of Fundraising Activity October 1, 2006 - September 30, 2007

	t 🤃 Type	Tx Category # Vinc	ome 🧢 👑
Band fündraiser 🐔 🖫 🐍	14,729 Inc 🤲	🍪 🔆 🚶 Fundraising	
Book fair	465 Inc	Fundraising	
Bottle & Can fundràiser 🔻 🧺	1,231 (lnc 💘	Fundraising*	
Craft Fair	942 Inc	Fundraising	
French club fundraiser	1,596 Inc ⋰	Fundraising	•
Sally Foster	14,554 Inc	Fundraising	
Spring Fling 💝 🔏	13,749 [°] Inc	Fundràising	
Total			47,266

ltem		Amou	nt is a	Туре	Tx Category expense. 3000
Band, fundrais	ser 🧎 📜	7 % S & S	"(13;521),	Exp	Fundraising 🖟 💢 🐪
french club fu	ındraiser		(1,960)	Exp	Fundraising
fundraiser	* * *****	Äis.	(30)	- Exp _*	Fundraising (************************************
Sally Foster			(6,650)	Exp	Fundraising
Spring, Fling	* 47g ,	·	₹(10,306)	Exp	Fundraising
Total					(32,467)

Net Fundraising	14,799

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	C	J

Krist	ine Hodi	in ck 💸 🐩	515 💸	8/27/2007	teacher grant	PTO activity	Kristine Hodlin ck 🐭 🌋 🛬 515 😭 8/27/2007 těachěr grant 💛 🤻 PTO activity 🤻 Staples gift cards 💛	100
Jack	Jack Lanigan	ck	498	6/27/2007	teacher grant	PTO activity	reimb for scholastic magazine	
Kara	Kara Russo	ck.	**.***********************************	12/13/2006	🎨 🖘 385 🖑 12/13/2006/donation 🔏 💸 PTO activity	PTO activity.	🥻 joliday support to needy families	
Lisa			382	12/4/2006 donation	donation	PTO activity	reimb wreath-Celebration for Education/N	V/uc
A/N		čk.	380	12/4/2006	donation	PTO activity	💸 380 😥 12/4/2006 donation 💝 🧢 PTO activity . Christmas donation in honor of teachers	èrs.
Johr	John Phelan		376	12/1/2006 donation	donation	PTO activity	reimb \$ collected for Burkina Faso school	00
MFE	٠,٦	🌋 💸 🤆 🔆 🔆	× 7357 ×	10/23/2006	, donation 🐫 🧢	*PTO activity	*10/23/2006, donation : ** ** PTO activity ** Wreath Celebration for Education	5° 5400
	\- ?		700	10/23/2000	» dojilatioii%	SEIO activity	www.eachg-celebration for curcation	foo
	***************************************	**************************************		000464 combent000000000000000000000000000000000000	nders in annual statement statement in annual	Meesen's MMMMeter concesses and a second		
		***************************************	***************************************	**************************************	Marker 16 (MANAGAMANANANANANANANANANANANANANANANANA	Menny (Management and Management and		
•								
	-							
2006	2006 Form 990	06						

(3,010)

PTO activity reimb \$ collected for Burkina Faso school donativ

PTO activity reimb wreath-Celebration for Education/MFE

Categony Tax return Memo

(1,950)

Amount

(200) (82) (200) (130)(250)

(198)