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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)

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



Inter	nal Reven	nue Service	▶ Th	e organization may have to	use a copy of this r	eturn to satisf	fy state reporting	ng requirem	ents Inspection:
A	For th	he 2007 cale	endar ye	ear, or tax year beginning	October 1	, 2007, an	id ending S	September	
В	Check if	applicable	Please C	Name of organization			-	D Employ	er identification number
$\bar{\Box}$		i u	abel or	Pierce Middle School P	aren Teacher Org	anization, Ir	ıc.	04	3327724
Ħ	Name o	hanaa F	orint or	Number and street (or P O bo	x if mail is not delivered	to street addres	ss) Room/suite	E Telepho	one number
=	Initial re	eturn		l51 Central Ave., Miltor	n, MA 02186			(617	) 696-4568
=	Termina	18	pecific nstruc-	City or town, state or country	, and ZIP + 4			F Accounting	g method. 🔽 Cash 🔲 Accrual
ī			tions.					☐ Oth	ner (specify) ►
ī	Applicat	tion pending	• Section	on 501(c)(3) organizations a	nd 4947(a)(1) nonexe	npt chantable	1		to section 527 organizations
			trusts	must attach a completed So	chedule A (Form 990 o	r 990-EZ).	1 ' '	•	for affiliates? Yes V No
G	Websit	te: ▶					1 ''		er of affiliates
	Organi	zation type (c	heck only	/ one) ▶ 📝 501(c) ( <b>3</b> ) ◀	(insert no.)	)(1) or	H(c) Are all a		ded? Yes No
							H(d) Is this a		•
K				anization is not a 509(a)(3) s than \$25,000 A return is not r			organiza	tion covered by	y a group ruling? Yes V No
				complete return	oquiros, por il tilo organ			Exemption Nu	mber ▶
_									he organization is not required
				6b, 8b, 9b, and 10b to line		5,107			orm 990, 990-EZ, or 990-PF)
ίP,		Revenu	e, Exp	enses, and Changes	in Net Assets o	r Fund Bala	ances (See t	he instruc	tions.)
	1	Contributi	ions, gr	fts, grants, and similar a	mounts received	1.1			
	a			donor advised funds		1a	440.6		
	b			port (not included on lir	· ·	1b	143,3	326	
		•		ipport (not included on t	•	1c			
				tributions (grants) (not in				4.	142 226
	1	2 Program service revenue including government fees and contracts (from Part VII, line 93) 3 Membership dues and assessments							143,326
	[								2,015
	1 .								2,013
	4 -				investments	TO TE C	3II · · ·	. 4	
	5	_		terest from securities	<b>K</b>	6a	<b>الأ</b> يَّاتِ	. 3	<del> </del>
	6a	Gross ren				6b <sub>0</sub> 5 2	1016		
	b	Less: rent	•	e or (loss). Subtract line	Sh from line Se	Wilder II B	ms	6c	
_	7			income (describe		100 48AN	~LI	5 7	
Revenue				om sales of assets other	(A) Securities		(B) Other		
94	Oa	than inver		on sales of assets other	,	8a	· 6/2		
	h		•	basis and sales expenses,		8b			
ZU13	1		•	ach schedule)		8c			
	i i	•		Combine line 8c, column				8d	
7. 7.	9			activities (attach schedule)			eck here ▶ [	j [5,5]	
_	a			ot including \$	143,326-of	and the second	1	_   '.''v-''	
ر ا	-		,	orted on line 1b) .	17-17-	`√ \19à.	30,7	766	
	b			enses other than fundral	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	9b	<u> </u>	325 <u>.</u> .	
POSTMARK DATE	С			ss) from special events		[rom] line 9a	입	. 9c	18,141
50	10a			ventory, less returns and		<sup>7</sup> [10a   ]	<u>ΰ</u> j		
器	b	Less: cos	t of go	ods sold	W Commence	10b	=	SHE .	
Ξ	С	Gross profi	t or (los:	s) from sales of inventory (a	ttach schedule). Sub	tract-line 10b	from line 10a	. 10c	
얺	11			om Part VII, line 103)	Inna-			11	
<u>a.</u>	12	Total reve	enue. A	dd lines 1e, 2, 3, 4, 5, 6c	, 7, 8d, 9c, 10c, and	<u> 11</u>	· · · · · · · · · · · · · · · · · · ·	12	163,482
ø	13	_		s (from line 44, column (				. 13	169,134
Expenses	14	_		d general (from line 44, o	column (C)) .			. 14	
9	15			line 44, column (D))				. 15	
ű	16			lates (attach schedule)				. 16	101
	17			Add lines 16 and 44, c		•		. 17	181,759
ets	18			t) for the year Subtract				18	(5,652)
Ass	19			nd balances at beginning			(A)) .	19	27,335
Net Assets	20			net assets or fund bala balances at end of year				20	21 683
_		DIEL ASSEIS	รบบาบท	a palances at eno ot vear	. Compine lines 18	19 AUG 20		( 7)1	71 627





	Do not include amounts reported on line					See the instruction
_	6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
	Grants paid from donor advised funds (attach schedule)				" and " " " " " " " " " " " " " " " " " " "	
	(cash \$)				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Age of a partie of
	If this amount includes foreign grants, check here 🕨 🗌	22a				The state of the s
	Other grants and allocations (attach schedule)				5	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
	(cash \$) noncash \$)	001	44 505	44 505	Part of the state	Se man was
	If this amount includes foreign grants, check here 🕨 🗌	22b	11,595	11,595		REPORT OF
	Specific assistance to individuals (attach	23			a garage and a second a second and a second	, 4
	schedule)	23				Ben a start of the
	Benefits paid to or for members (attach	24				
	schedule)	24				£
•	Compensation of current officers, directors,	25a	į			
	key employees, etc listed in Part V-A	254	٧			-
)	Compensation of former officers, directors,	25b				
	key employees, etc. listed in Part V-B	200				1
;	Compensation and other distributions, not					1
	included above, to disqualified persons (as					1
	defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c				
		1200	-			
	Salaries and wages of employees not included on lines 25a, b, and c	26	-			
	Pension plan contributions not included on					
	lines 25a, b, and c	27				
		<del></del>				
	Employee benefits not included on lines 25a - 27	28				
	Payroll taxes	29				
	Professional fundraising fees	30	Ī			
	Accounting fees	31				
	Legal fees	32				
	Supplies	33		-		
	Telephone	34				
	Postage and shipping	35				
	Occupancy	36				
	Equipment rental and maintenance	37				
	Printing and publications	38				
	Travel	39				
	Conferences, conventions, and meetings.	40				
	Interest	41				
	Depreciation, depletion, etc (attach schedule)	42				
	Other expenses not covered above (itemize)					
1	Field trips including French exchange pro-	43a	123,463	123,463		<b> </b>
)	Hospitality	43b	4,622	4,622		
;	Faculty Support	43c	5,049	5,049		
i	School Store	43d	3,000	3,000		
,	Misc. School events, year book etc	43e	21,311	21,311		ļ
	Bank fees	43f	94	94		
ı		43g				
	Total functional expenses. Add lines 22a					
	through 43g. (Organizations completing					
	columns (B)-(D), carry these totals to lines		,	, , , , , , , , , , , , , , , , , , , ,		
	13–15)	98-2.	169,134	169,134		<u> </u>

Pa	rt IV	Balance Sheets (See the instructions.)				
N	lote:	Where required, attached schedules and amounts within the descr column should be for end-of-year amounts only	ption	<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	45	Cash—non-interest-bearing		27,335		21,686
	46	Savings and temporary cash investments			46	
		[476]				
		Accounts receivable 47a 47b			47c	
	b	Less: allowance for doubtful accounts .			7.0	
	495	Pledges receivable				
		Less allowance for doubtful accounts 48b			48c	
	49	Grants receivable			49	
		Receivables from current and former officers, directors, tru	stees, and			
		key employees (attach schedule)			50a	
	b	Receivables from other disqualified persons (as defined und 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attact		, <del>-</del>	50b	
Assets	51a	Other notes and loans receivable (attach				
		schedule)			F4 -	
Ass		Less: allowance for doubtful accounts . [51b]		<del></del>	51c	
	52	Inventories for sale or use			53	
	53	Prepaid expenses and deferred charges	(		54a	
			ost ∐ FMV I ost ∏ FMV I		54b	
	l .	Investments—land, buildings, and	OSI LJ LIVIV		· · · ·	
	ววล	equipment: basis				
	ь	Less. accumulated depreciation (attach				
		schedule)			55c	
	56	Investments—other (attach schedule)			56	
	57a	Land, buildings, and equipment: basis . 57a				
	b	Less. accumulated depreciation (attach	ļ			
		schedule)		<u> </u>	57c	
	58	Other assets, including program-related investments	,		58	
	59	(describe ►	)	27.335	59	21,686
			<del>,</del>	21,000	60	
	60 61	Accounts payable and accrued expenses Grants payable	.		61	
	62	Deferred revenue			62	
S)	63	Loans from officers, directors, trustees, and key employed			1, 1	
lities		schedule)	co (attacii		63	
Liabil	64a	Tax-exempt bond liabilities (attach schedule)	[		64a	· · · · · · · · · · · · · · · · · · ·
=		Mortgages and other notes payable (attach schedule)	)		64b	
	65	Other liabilities (describe ▶	)		65	
		T. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.			_	•
	66	Total liabilities. Add lines 60 through 65		0	<del></del>	0
	Orga	anizations that follow SFAS 117, check here ▶ ☐ and com	plete lines		Agent of the state	
es		67 through 69 and lines 73 and 74.			67	
auc	67	Unrestricted			68	
3ai	68 69	Temporarily restricted	•	<del></del>	69	
ğ	l	Permanently restricted anizations that do not follow SFAS 117, check here $ hild \Box$ a	nd ·		100	
Fund Balances	Joige	complete lines 70 through 74.				
<u></u>	70	Capital stock, trust principal, or current funds			70	
	71	Paid-in or capital surplus, or land, building, and equipmen	t fund .		71	
SSE	72	Retained earnings, endowment, accumulated income, or o			72	
Net Assets	73	Total net assets or fund balances. Add lines 67 through				
ž		70 through 72. (Column (A) must equal line 19 and column	n (B) <b>must</b>			
		equal line 21)			73	
	74	Total liabilities and net assets/fund balances. Add lines 6	b and /3	27,335	74	21,686

### 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.

۷h	at is the organization's primary exempt purpose? > The purpose of the corporation is to provide curricu	Program Service
	organizations must describe their exempt purpose achievements in a clear and concise manner. State the number	(Reguired for 501(c)(3) and
	clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) anizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	(4) orgs , and 4947(a)(1) trusts, but optional for others )
_ <u>~</u>	The Pierce Middle School serves approximately 900 children in grades six through eight,	Ottibra )
ŭ	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 ▶ □	133,292
b		
	French students travel to France on an exchange program, to attend plays in french, various museu	
	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 \$ 11,595) If this amount includes foreign grants, check here ▶ ☑	24,525
С	Social and cultural events are also sponsored by the PTO such as an annual craft fair, annual	
	International/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 ▶ □	6,222
۔	The PTO also supports purchases of library materials and coordinates supervision for library hours	0,222
a	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.	
	and supplies, as wen as a school stole full for the convenience of stadents and parents.	
	(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ □	5,094
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)	169,134

Form **990** (2007)

Pa	rt.IV-A	Reconciliation of Revenue per Aud instructions.)	ited Financial Statem	ents	With Rev	enue pe	r Ret	urn (	See the	
а	Total reve	enue, gains, and other support per audite	ed financial statements				а			
b		included on line a but not on Part I, line								
1	Net unrea	alized gains on investments		b1			ļ			
2	Donated	services and use of facilities		b2			_			
3	Recoverie	es of prior year grants		b3			ļ			
4		ecify):		b4						
	Add lines	<b>b1</b> through <b>b4</b>					ь			
С					, ,		С			
d	Amounts	included on Part I, line 12, but not on lir	ne <b>a:</b>					!		
1	Investme	nt expenses not included on Part I, line i	6b	_d1						
2	Other (sp	ecify):								
		•		d2			ļ			
	Add lines	d1 and d2		•			d	<u> </u>		
e	Total rev	enue (Part I, line 12). Add lines c and d				>	<u>е</u>	-4	_	
Ŗа	rt:IV-B	Reconciliation of Expenses per Aug				enses	i	eturr	<u> </u>	
а	-	enses and losses per audited financial s			•		a			
b		included on line a but not on Part I, line			ī			1		
1				b1	<b>i</b>		1	ļ		
2		adjustments reported on Part I, line 20		b2			1	]		
3		eported on Part I, line 20		b3			1			
4		ecify)		b4			1			
		hd though h		<u> </u>	1		ь	j		
_		<b>b1</b> through <b>b4</b>					c			
C		line b from line a				•	<u> </u>	-		
d 1		included on Part I, line 17, but not on linest expenses set included on Part I, line in		d1	l		[			
1 2		nt expenses not included on Part I, line ecify):		<u> </u>			1			
2		eony).		d2						
			· · · · · · · ·				d			
е		penses (Part I, line 17). Add lines c and	d			▶	е			
Pa		Current Officers, Directors, Trustees or key employee at any time during the year							director	, trustee,
		(A) Name and address	(B) Title and average hours per week devoted to position	(C) C (If no	ompensation t paid, enter -0)	(D) Contribut benefit pla compen	ions to e ins & def sation pla	mployee erred ins	(E) Expension	se account allowances
Ka	ra Russo		Co-President,							
99	Gulliver S	t., Milton, MA	5 hrs/wk		- 0 -			- 0 -		- 0 -
	stina Este		Co-President,	İ						
		d, Milton MA	5 hrs/wk		- 0 -			- 0 -		-0 -
	rraine Kile		Treasurer		_			_		_
31	Cape Cod	Lane, Milton MA	3 hrs/wk		-0-			- 0 -	ļ	- 0 -
					·					
				}						
	_									
									<u> </u>	<u></u>
						. —				
				<u> </u>	<del> </del>					
					:					
				l						

Par	t V-A	Current Officers, Directors, Trustees	s, and Key Employe	es (continued)			Yes	No
75a	Enter the	e total number of officers, directors, and truss	ustees permitted to vo	ote on organization	n business at board 3	13		9 (14 200) 14 301
b	employ	officers, directors, trustees, or key employ ees listed in Schedule A, Part I, or hig tors listed in Schedule A, Part II-A or ships? If "Yes," attach a statement that ide	hest compensated p II-B, related to each	rofessional and other through	other independent family or business	75b		
С	comper	or officers, directors, trustees, or key of isated employees listed in Schedule A, ident contractors listed in Schedule A, ations, whether tax exempt or taxable, that	Part I, or highest co Part II-A or II-B, rec	ompensated profeive compensati	essional and other on from any other	, , , , , , , , , , , , , , , , , , ,		The state of the s
d	If "Yes,	nition of "related organization". " attach a statement that includes the info e organization have a written conflict of in	rmation described in	the instructions.		75c 75d	, e	
	t V-B	Former Officers, Directors, Trustees, and officer, director, trustee, or key employee reperson below and enter the amount of comp	Key Employees That is ceived compensation of	Received Comper	nsation or Other Bene escribed below) during	the y	ear, lis	
		(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	accou	Exper nt and owanc	other
	••							
							<del></del> -	
si-sens						L	V	Na
Par		Other Information (See the instruction				, 27	Yes	No
76		organization make a change in its activiti I statement of each change				76	<u></u>	1
77		ny changes made in the organizing or gov				77		1
	If "Yes,	" attach a conformed copy of the changes organization have unrelated business gro	S					ar V.Pk
	this reti	organization have unrelated business ground in the second of the second		_		78a 78b		✓
79		ere a liquidation, dissolution, termination, d	or substantial contract			79	1	<b>✓</b>
80a	Is the c	organization related (other than by associal membership, governing bodies, truste	ition with a statewide	or nationwide oi	rganization) through	a de la seconia	11 24	ا ما مام د
h	organiz	ation?				80a		1
		rect and indirect political expenditures. (S	and check whether it	is 🗀 exempto	or □ nonexempt	house .	٠ ٠ ٠ ١	4 . 4 .
b	Did the	organization file Form 1120-POL for this	year?			81b		1

-	Other Information (continued)		Yes	No
			.03	
82a	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		1
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.)			
83a	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		✓
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b		
85a	501(c)(4), (5), or (6) Were substantially all dues nondeductible by members?	85a		
	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b		
	If "Yes" was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year			
C	Dues, assessments, and similar amounts from members			
d	Section 162(e) lobbying and political expenditures	ļ		
е	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e	ł		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)			·
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		-
h	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		<u> </u>
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12			-
b	Gross receipts, included on line 12, for public use of club facilities			
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 301.7701-2 and 301 7701-3? If "Yes," complete Part IX	88a		1
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b		1
89a	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		1
С	Enter. Amount of tax imposed on the organization managers or disqualified			
	persons during the year under sections 4912, 4955, and 4958 <b>D</b>			
d	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			<u> </u>
	transaction?	89e		1
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f		<u> </u>
9	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings	89a		
00	at any time during the year?		L	<u> </u>
	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, 2007 (See instructions.)			0
91a	The books are in care of ▶ Lorraine Kiley  Located at ▶ 31 Cape Cod Lane  Telephone no. ▶ (781)  ZIP + 4 ▶ 02186		4-717	/3 
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority	1		T
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	+
	account)?	91b		1
	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.	nv1 -05	J+1 1	
	and i mandial Accounts.			

Page 8	

Part	VI	Other Information (continued)						Yes	No
C	At a	ny time during the calendar year, did the	organization ma	intain an office	outside of the	United States?	91c		✓
	If "Y	es," enter the name of the foreign country	y ▶						
		tion 4947(a)(1) nonexempt charitable trusts enter the amount of tax-exempt interest r				_	•	•	
		Analysis of Income-Producing Act		<del></del>		▶   92	-		
				usiness income		tion 512, 513, or 514	т —	(E)	
		r gross amounts unless otherwise						elated	
indicat			(A) Business code	(B) Amount	(C) Exclusion code	( <b>D)</b> Amount		npt fun Income	
93	Pro	gram service revenue:		<u> </u>					
a			-				t		
b									
C d			_						
e	-								
f	Med	dicare/Medicaid payments .		1					
g		es and contracts from government agencies					1		
94		mbership dues and assessments	'	1			ļ	2	2,015
95		rest on savings and temporary cash investments	s						
96		idends and interest from securities							
97		rental income or (loss) from real estate:	1. 19 25 25	1 2 3	A	100	105	C = 1/3.51	", Čal
а		ot-financed property					<u>                                       </u>		
b		debt-financed property							
98		rental income or (loss) from personal property							
99		er investment income					L		
100	Gain	or (loss) from sales of assets other than inventory	,				<u> </u>		
101	Net	income or (loss) from special events .			<u> </u>	•		18	3,141
102		oss profit or (loss) from sales of inventory			ļ		ļ		
103		er revenue: a	_				<u> </u>		
b			_		1		1		
С			_		1		-		
d					-				
е			المد تاعقال		S majoring the rate of				450
104		ototal (add columns (B), (D), and (E)) .		24	33) 54.5%				0,156 0,156
105		al (add line 104, columns (B), (D), and (E))		10 Port I		·			J, 136
		e 105 plus line 1e, Part I, should equal the			/Coo #	o instructions			
Part									
Line ▼		Explain how each activity for which incom of the organization's exempt purposes (of				importantly to the	acco	mpiisn	ment
94		Membership dues are utilized in a gene				& support acti	vities	such	as s
	•	and teacher grants as well as hospitali							
10	1	Special events revenue is generally de							
		discretion of the principal. Fundraising							
Part	IX.	Information Regarding Taxable Sub							
		(A)	(B)	(C)		(D)		(E)	
		ne, address, and EIN of corporation, partnership, or disregarded entity	Percentage of wnership interest	Nature of a	activities	Total income	En	id-of-y assets	
			%						
			%						
			%						
			%						
Part	X	Information Regarding Transfers Asso	ociated with Per	sonal Benefit Co	ontracts (See	the instructions.)			
(a)		the organization, during the year, receive any funds, or					□ Y	es 🔽	¹ No
(b)	Did	the organization, during the year, pay pre	emiums, directly	or indirectly, on	a personal be	enefit contract?			
	e: If	"Yes" to (b), file Form 8870 and Form 47	720 (see instructi	ions)		· · · <del> ·</del> · ·			
								000	

:Pärt	Information Regarding is a controlling organizati			ntities. Comp	olete only if the or	ganız	ation
106	Did the reporting organization mathe Code? If "Yes," complete the				ion 512(b)(13) of	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						
107	Did the reporting organization res				section	Yes	No
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	Desci	(C) ription of ansfer	(D) Amount of		er
а							
b							
С							
•	Totals	李 分表之中的 横手见事					
108	Did the organization have a bindirents, royalties, and annuities de			, 2006, coverin	g the interest,	Yes	No
Pleas Sign Here	Signethure of officer	I have examined this return, includete Declaration of preparer (other	ding accompanying s r than officer) is base	chedules and stater ed on all information Da	nents, and to the best of a of which preparer has a	my knov	wledge vledge
Paid Prepare	Preparer's		Date	Check if self- employed ▶ □	Preparer's SSN or PTIN (	See Gen	Inst X)
Use Or	I Finite hame for yours L			EIN Phone r	<b>▶</b> :		

#### **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

professional services

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ Employer identification number Name of the organization Pierce Middle School Parent Teacher Organization, Inc. 04 3327724 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 (e) Expense (a) Name and address of each employee paid more (b) Title and average hours (c) Compensation employee 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 Total number of others receiving over \$50,000 for

## 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
		_ <u>-</u>
None		,
		····
··		
Total number of other contractors receiving over		
\$50,000 for other services .	The second secon	

Рa	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, include attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expension incurred in connection with the lobbying activities   * (Must equal amounts or Part VI-A, or line i of Part VI-B)	ses paid		<b>√</b>
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed describe lobbying activities.	< 22.		
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts substantial contributors, trustees, directors, officers, creators, key employees, or members of their far with any taxable organization with which any such person is affiliated as an officer, director, trustee, owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaint transactions)	nılies, or majorıty		
а	Sale, exchange, or leasing of property?	28	1	1
b	Lending of money or other extension of credit?		,	✓
С	Furnishing of goods, services, or facilities?	20	;	<b>✓</b>
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	. 20	1	✓
е	Transfer of any part of its income or assets?	. 26	<u>.</u>	<b>✓</b>
3а	Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an exp of how the organization determines that recipients qualify to receive payments.)	planation 3a	1	<b>✓</b>
b	Did the organization have a section 403(b) annuity plan for its employees?	3t	,	✓
С	Did the organization receive or hold an easement for conservation purposes, including easements to prese space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	rve open . 30	;	1
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation service	es? . 30	<u>.                                    </u>	1
	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," clines 4f and 4g	<u>4a</u>		<b>√</b>
b	Did the organization make any taxable distributions under section 4966?	. 4b		<b>✓</b>
С	Did the organization make a distribution to a donor, donor advisor, or related person?	40	<u>;                                    </u>	1
d	Enter the total number of donor advised funds owned at the end of the tax year .	<b>&gt;</b>		0
е	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year	<b>.</b>		0
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor funds included on line 4d) where donors have the right to provide advice on the distribution or investamounts in such funds or accounts	advised tment of		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

Part	IV.	Reason for Non-Private	Foundation S	Status (See pages 4	through 8 c	of the instruc	tions.)		
l certif	y tha	t the organization is not a privat	te foundation bed	cause it is (Please check	k only <b>ONE</b> ap	plicable box)			
5 [	_ A	A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)							
6 [	] A	A school Section 170(b)(1)(A)(ii) (Also complete Part V)							
7	] A	A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(III)							
8 [	] A	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's name, city, and state ▶							
10 [		n organization operated for the be lso complete the <b>Support Scheo</b>	_	or university owned or op	perated by a go	ovemmental un	ıt Section 170(b)(1)(A)(ıv		
11a [		n organization that normally recei (0(b)(1)(A)(vi) (Also complete the			a governmenta	l unit or from th	e general public Sectio		
11b [	] A	community trust. Section 170(b)	)(1)(A)(vi) (Also co	omplete the Support Sc	hedule in Par	t IV-A)			
12 🔽	fro fro	An organization that normally receives. (1) more than 33%% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no more than 33%% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)							
13 [	re	requirements of section 509(a)(3). Check the box that describes the type of supporting organization							
<del></del> -	L.	Type I Type II		II-Functionally Integrate		Type III-Othe			
		Provide the following infor		<del></del>					
(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 si organizati the sup organi	d) upported on listed in upporting zation's documents?	(e) Amount of support			
					Yes	No			
Tatal									
Total		····		• •					
14	] Ar	organization organized and op	erated to test for	public safety Section 5	509(a)(4) (See	page 8 of the	instructions)		

Cale	ndar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2005	(c) 2004	(d) 2003	(e) Total
15	Gifts, grants, and contributions received (Do		Ì			
	not include unusual grants See line 28.).	99,572	90,974	14,281	3,38	<del></del>
16	Membership fees received	2,475	4,615	0		0 7,090
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	47,266	42,741	19,701	11,30	53 121,071
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, 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 .	149,313	138,330	33,983	14,74	48 336,373
24	Line 23 minus line 17	102,047	95,589	14,281	3,38	35 215,302
25	Enter 1% of line 23	1,493	1,383	340	14	47
26	Organizations described on lines 10 or 11:	a Enter 2% of	amount in column	n (e) line 24	▶ 20	Sa Sa
b c d		ation) whose tota th your return. Er ne 24, column (e)	l gifts for 2003 the	rough 2006 exce these excess am 	eded the sounts > 20	Sib Sib Sib Sib Sib Sib Sib Sib Sib Sib
f	Public support percentage (line 26e (numera				• • • • • • • • • • • • • • • • • • • •	6f %
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 includ	ed in lines 15, 10 total amounts rec	6, and 17 that vertical entry of the first o		from a "disqualified
	(2006)	0	(2004)	0	(2003)	0
b	For any amount included in line 17 that was received show the name of, and amount received for each (Include in the list organizations described in lines to the difference between the amount received and amounts) for each year  (2006)	ved from each per year, that was more through 11b, as we the larger amount	son (other than "di e than the <b>larger</b> o vell as individuals.) described in <b>(1)</b> o	squalified person of (1) the amount Do not file this lib or (2), enter the si	s"), prepare a lon line 25 for the st with your reum of these di	ist for your records to ne year or (2) \$5,000. turn. After computing fferences (the excess
С	Add Amounts from column (e) for lines 15 17 121,071 20 Add Line 27a total	208,212	16 <b>7,0</b>	90_	<b>▶</b> 2	7c 336,373
d	Add Line 27a total	and line 27b tota	   _	0	2	7d 0
e	Public support (line 27c total minus line 27d to	tal)		<del> ,</del>		7e 336,373
f	Total support for section 509(a)(2) test Enter a		23, column (e)	▶ 27f		
g	Public support percentage (line 27e (numera	tor) divided by I	ine 27f (denomin	nator))		7g 100 %
h	Investment income percentage (line 18, colu	mn (e) (numerat	or) divided by lir	ne 27f (denomin	ator)) ▶ 2	7h 0 %
28	Unusual Grants: For an organization describe prepare a list for your records to show, for ear description of the nature of the grant <b>Do not</b> f	d in line 10, 11, ch vear, the nam	or 12 that receive	ed any unusual tor, the date and	grants during I amount of th	ne grant, and a brie

Part V 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)

20	Does the expension have a recipilly condinary minetony policy toward attidents by statement in its charter bulgue.		Yes	No
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		
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		
31	programs, and scholarships?  Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during	00		
31	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 a	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		
		特響	₩, -3%	***
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)			*
			with the	27
33	Does the organization discriminate by race in any way with respect to.		,*************************************	R.
а	Students' rights or privileges?	33a		
_	Cladelite lights of privileges.			
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	: is:	
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)			in Çibi k
				<u> </u>
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			Ŷ
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	<u> </u>	87 <b>4</b> × ····· (2)

	rt VI-A	Lobbying Expenditures	by El	ecting Public	Charities (See	page 11	of th	e inst	tructions.	Page <b>0</b> .)
		(To be completed ONLY	by ar	ı eligible organ	ızatıon that file	ed Form 5	768)			
Che	ck ▶ a L	If the organization belongs to a	n affilia	ated group. Che	ck <b>b</b> lf	you checked	"a" aı	nd "limi	ted control"	provisions apply.
	Limits on Lobbying Expenditures  (The term "expenditures" means amounts paid or incurred)								(a) ated group totals	(b) To be completed for all electing
		······································			<del></del>		26			organizations
36		bying expenditures to influence					36 37			
37		bying expenditures to influence			ot lobbying).		38			
38	Total lobbying expenditures (add lines 36 and 37)						39			
39			·		•		40	-		
40		mpt purpose expenditures (add nontaxable amount Enter the a			, , , , , , , , , , , , , , , , , , ,					· 君将 。
41	, ,			obbying nontaxa	_					
				of the amount on						
				000 plus 15% of the		വ വവ		,		1 * 4 * 4 * 5
				000 plus 10% of th			41		20000	
				000 plus 5% of the						
	Over \$17,0		\$1,000			•	1.2			
42		s nontaxable amount (enter 25	% of I	ne 41)			42			
43	Subtract I	ine 42 from line 36 Enter -0- if	line 4	2 is more than lir	ne 36		43			
44	Subtract I	ine 41 from line 38 Enter -0- if	line 4	1 is more than lir	ne 38		44		0.2000000.00.000000	
	01	K 41	l 40		munt filo Forma 47	200	gán ó Galla			
	Caution:	If there is an amount on either i					7 700	* ` <b>A</b>	M. M.	24 16 2
				eraging Period						
	(Sc	ome organizations that made a		n 501(h) election or lines 45 throug					columns b	elow
		See the instruct	LIOIIS I	or intes 45 tinoug	in 50 on page 10	or the man	ructio	113 )		
Lobbying Expenditures During 4-Year Averaging Perio					eriod 					
	Calendar	-		(a)	(b)	(c)			(d)	(e)
	fiscal yea	r beginning in) ▶		2007	2006	2005			2004	Total
45	Lobbying	nontaxable amount ,								
				4.5.6	A STANKE	Promet.	( ( )	1986		
46	Lobbying	ceiling amount (150% of line 4	5(e))		34.34			14.5%		8
47	Total lobb	ying expenditures								
48	Grassroot	s nontaxable amount .								
40	0	a sading age and /1500/ of line /	40(~))							# (
49	Grassiool	s ceiling amount (150% of line 4	+0(€))	79 12 422.898	Franklik (1)	G 191 Pag	//1000			*
50	Grassroot	s lobbying expenditures				:				
2.8.5v5v1.3	₁VI-B	Lobbying Activity by No	nelec	ting Public C	harities					· · · · · · · · · · · · · · · · · · ·
بنديه	<u> </u>	(For reporting only by org	janiza	itions that did	not complete I	Part VI-A)	(See	page	e 14 of th	e instructions)
Duri	ng the vear	, did the organization attempt t	to infli	ience national, st	ate or local legis	lation, inclu	dina a	anv	Yes No	Amount
		ence public opinion on a legisla							Yes No	Amount
	Volunteers								✓	
b		-	ensati	on in expenses r	eported on lines	c through h	1.)	[	✓	
c										
d										
е	The state of the s									
f		other organizations for lobbyin						ļ		ļ
g	Direct cor	ntact with legislators, their staff	s, gov	ernment officials,				.		1
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means									
i	Total lobb	bying expenditures (Add lines c	through	gh <b>h.</b> )						0
	If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities									

Sche	edule A	(Form 990 or 990-EZ)	2007					Р	age 7
	rt VI	Information	n Regarding T	ransfers To and Transa e page 14 of the instructio		tionships Wit	h Nonc		
51				indirectly engage in any of the 01(c)(3) organizations) or in secti				d in s	ectio
2		. ,		to a noncharitable exempt orga		J		Yes	No
u		Cash .	orthig organization	to a nononanasio oxompt orga			51a(ı)		<b>√</b>
	٠,	Other assets	•			•	a(II)		<b>1</b>
h		er transactions		•					
D			es of assets with a	noncharitable exempt organiza	tion		b(i)		✓
				ritable exempt organization	lion.		b(ii)		<b>V</b>
			s, equipment, or oth	· -			b(iii)		1
		Reimbursement a	• •				b(iv)		<b>√</b>
		Loans or loan gua	•		• •		b(v)		<b>/</b>
		-		ship or fundraising solicitations		•	b(vi)		1
	• •			sts, other assets, or paid emplo	vees		С		<b>1</b>
d	If th	e answer to any of ds, other assets, o	the above is "Yes," ir services given by	complete the following schedule to the reporting organization of the column (d) the value of the good	Column (b) should a he organization recei	ved less than fair	ur market market v	value value i	of the
	(a)	(b)		(c)		(d)			
Lin	e no	Amount involved	Name of none	charitable exempt organization	Description of transfe	rs, transactions, and	sharing arra	angeme	ents
						-			
		_							
			· · · · · · · · · · · · · · · · · · ·						
						•			
								·	
		=							
	des	cribed in section 5	01(c) of the Code (	affiliated with, or related to, or other than section 501(c)(3)) or i		npt organizations	☐ Yes	i Z	] No
<u>u</u>	11 1		following schedule		I				
(a) Name of organization			ation	(b) Type of organization	De	(c) escription of relations	hip		
						· · · · · · · · · · · · · · · · · · ·	**		

### PIERCE MIDDLE SCHOOL PTO Schedule of Fundraising Activity October 1, 2007 - September 30, 2008

Category	Tax return ca	tegory Type	* Amount Inc	ome.
Bake Sales 🐡 👌 👋 🦂 🔥 🔥	fundraising	· · · *≧′Inc	90	
Book fair income	fundraising	Inc	493	
Fundrajser?- Bottle & Can drıve	fundraising	lnc	405	
Fundraiser - Burkina Faso	fundraising	lnc	1,982	
Fundraiser-France trip	fundraising	Inc	1,217	
Fundraiser-miscellaneous	fundraising	Inc	60	
Fundraișer Music Dept. 🧀 🔌	fundraising	、 ∘ Inc	7,230	
Sally Foster Fundraiser	fundraising	Inc	13,239	<u> </u>
Spring Fling (Event)	 fùndraising 🧓	lnc 🥎	6,050	
				30,766

Item Type Amount Expens	е
Fundraising expense -12625 -12625	*
(12	,625)

Net Fundraising	18,141
<u> </u>	