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22

990-EZ

Department of the Treasury

Internal Revenue Service

Short Form 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)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total
assets less than \$2,500,000 at the end of the year may use this form.

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

OMB No 1545-1150

2008

Open to Public Inspection

			ar, or tax year beginning July 2008 , 2006, and endi					
В	Check if a	change use I	15 Nessec Middle School PTO	D Emplo	oyer identification number 370 3083			
	Name cha	ange label	·· - · · · · · · · · · · · · · · · · ·					
	Initial retu Termination	mination type. 12293 Shepherds Hill Ln. (469) 633 4800						
	☐ Amended return ☐ Application pending ☐ Application pending ☐ Application pending ☐ Amended return ☐ Application pending ☐ City or town, state or country, and ZIP + 4 ☐ TS CO TX 75035 ☐ Number ▶							
	• Secti	on 501(c)(3) orga	nizations and 4947(a)(1) nonexempt charitable trusts must attach	G Accounting me	ethod: Cash Accrual			
	- 5666		ompleted Schedule A (Form 990 or 990-EZ).	Other (specify)	-			
				H Check ► 🗹	if the organization is not			
ı	Websit	te: 🕨			ach Schedule B (Form 990,			
J	Organiz	zation type (check	only one) —	990-EZ, or 990	-PF).			
ĸ	Check ▶	if the organiz	ation is not a section 509(a)(3) supporting organization and its gross receipts anization chooses to file a return, be sure to file a complete return	s are normally not	more than \$25,000. A return is			
_				1 (5 000 57				
			line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instea		▶\$			
Р	art I	Revenue, Ex	penses, and Changes in Net Assets or Fund Balances (S	ee the instruct				
	1	Contributions, o	ifts, grants, and similar amounts received		1 1 360.00			
	2		e revenue including government fees and contracts		2			
		-			3 2 992			
	3		ies and assessments		4			
	4	Investment inc	· · · · · · · · · · · · · · · · · · ·		4			
	5a	Gross amount	from sale of assets other than inventory 5a					
	b	Less: cost or c	ther basis and sales expenses					
•	С	Gain or (loss) fro	m sale of assets other than inventory (Subtract line 5b from line 5a) (att	tach schedule).	5c			
Revenue	6	Special events and	activities (complete applicable parts of Schedule G). If any amount is from gaming, chec	ck here 🕨 🔲				
ē	a	Gross revenue	(not including \$	1				
æ		reported on lin		4,941				
_	ь	•	penses other than fundraising expenses	3.455				
	C		(loss) from special events and activities (Subtract line 6b from line		6c 21.486			
	7a		inventory, less returns and allowances	04,				
		Less: cost of g						
	b	~	(loss) from sales of inventory (Subtract line 7b from line 7a)		7c			
)	c 8	Other revenue		· · · · ·	8			
	9		Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		9 35 838			
_	10	•		70	10			
	1		illar amounts paid (attach schedule)	RS-0SC	11			
(A	11	•	compensation, and employee benefits $\mathcal{C}_{\mathcal{C}}$. AUG 2 4 2010	이 이 아이	12			
Š	12			(<u>S</u>)				
Ë	13	Professional fe	es and other payments to independent doffitactors]≒	13			
Expenses	14	Occupancy, re	nt, utilities, and maintenance	T	14			
ш	15	Printing, public	ations, postage, and shipping		15			
	16	Other expense)	16 27,727			
	17	Total expense	s. Add lines 10 through 16	<u> </u>	17 87,727.			
ţ	18	Excess or (defi	cit) for the year (Subtract line 17 from line 9)		18 8 ///			
Net Assets	19	Net assets or	fund balances at beginning of year (from line 27, column (A)) (m	ust agree with				
Ą	i	end-of-year fig	ure reported on prior year's return)		19 21.0//·			
<u>e</u>	20		in net assets or fund balances (attach explanation)		20 -0-			
Z	21	Net assets or f	und balances at end of year. Combine lines 18 through 20		21 29 122.			
Р	Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.							
			(See the instructions for Part II.)	(A) Beginning of	year (B) End of year			
2	? Casi	h, savings, and	nvestments	21.01	1 22 29,122			
2:		- '			23			
24			De ▶		24			
2!				21.011	25 29 127			
20		al liabilities (des		7	26			
2	Net	assets or fund	balances (line 27 of column (B) must agree with line 21)	21.011	27 29,122.			
Fo			vork Reduction Act Notice, see the Instruction for Form 990.	Cat No 10642I	Form 990-EZ (2008)			



(Grants \$) If this amount includes foreign grants, check here ▶ □ 29a						plishments (S			r Part III.).			Expenses
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and-dencise manner, optional for others.) 28 (Grants \$) If this amount includes foreign grants, check here	Wh	at is the organizat	ion's primary	exempt p	ourpose?_	farent,	Meach	er O			(Rec	uired for 501(c)(3) (4) organizations
(Grants \$) If this amount includes foreign grants, check here	Des	scribe what was ac	chieved in carr	ying out	the organiza	ation's exempt	purposes. I	n a clear an	d-concise	manner,	and	4947(a)(1) trusts;
(Grants \$) If this amount includes foreign grants, check here						,			<u>·</u>		Орш	orial for others.)
(Grants \$) If this amount includes foreign grants, check here	28											
(Grants \$) If this amount includes foreign grants, check here							• • • • • • • • • • • • • • • • • • • •					
(Grants \$) If this amount includes foreign grants, check here		(Grants \$) If this a	mount incli	udes foreign gr	ants, check	here		▶ □	28a	NA
(Grants \$) If this amount includes foreign grants, check here		_										
Grants \$) If this amount includes foreign grants, check here												
(Grants \$) If this amount includes foreign grants, check here						:						11/1
(Grants \$) If this amount includes foreign grants, check here											29a	- MA
Grants \$ If this amount includes foreign grants, check here □ 30a N	30										İ	
Grants \$ If this amount includes foreign grants, check here		-			-							
31 Other program services (attach schedule) (Grants \$) If this amount includes foreign grants, check here											30a	NA
Total program service expenses (add lines 28a through 31a) Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV.) (a) Name and address (b) Title and average hours per week devoted to position (a) Name and address (b) Title and average hours per week devoted to position (b) Title and average hours per week devoted to position (c) Compensation (d) Contributions to deferred compensation (e) Expense account and other allowances (f) Contributions to plant plant a property of the paid, enter -0.) (e) Expense account and other allowances (e) Expense account and other allowances (f) Contributions to plant plant a plant plant a plant plant a plant plant plant a plant plant plant a plant		Other program se										
Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV.) (a) Name and address (b) Title and average hours per week (II not paid, enter -0) (b) Title and average hours per week (II not paid, enter -0) (c) Compensation (II not paid, enter -0) (d) Contributions to employee benefit plans a deferred compensation other allowances (e) Expense account and other allowances (e) Expense account and other allowances (f) Compensation (II not paid, enter -0) (g) Expense account and other allowances (g) Expense account and other allowances (e) Expense account and other allowances (g) Expense account and ot) If this a	mount inclu	udes foreign gr	ants, check	here	<u> </u>			NA
(a) Name and address (b) Title and average hours per week devoted to position (c) Compensation (fit not paid, enter -0.) (d) Contributions to employee benefit plans & devoted to position (e) Expense account and other allowances (e) Expense enter -0.) (f) Contributions to employee benefit plans & devoted to position (f) Contributions to employee benefit plans & devoted to position (f) Contributions to employee benefit plans & devoted to position (f) Contributions to employee benefit plans & devoted to position (f) Contributions to employee benefit plans & devoted to position (f) Contributions to employee benefit plans & devoted to position (f) Contributions to employee benefit plans & devoted to position (f) Contributions to employee benefit plans & devoted to position (f) Contributions to employee benefit plans & devoted to position (f) Contributions to employee benefit plans & devoted to position (f) Contributions to employee benefit plans & devoted to position (f) Contributions to employee benefit plans & devoted to position (f) Contributions to employee benefit plans & devoted to position (f) Contributions to employee benefit plans & devoted to position (f) Contributions to employee benefit plans & devoted to position (f) Contributions to employee benefit plans & devoted to position (f) Contributions to employee benefit plans & devoted to position (f) Contributions to employee benefit plans & devoted to position (f) Contributions to employee benefit plans & devoted to position (f) Contributions to employee benefit plans & devoted to position (f) Contributions to employee benefit plans & devoted to position (f) Contributions to employee benefit plans & devoted to position (f) Contributions to employee benefit plans & devoted to position (f) Contributions to employee benefit plans & devoted to position (f) Contributions to employee benefit plans & devoted to position to plans & devoted										<u> </u>		N/P
hours per week devoted to position hours per week d	L	TITLE LIST OF OT	ricers, Director	s, Irustee	s, and Key		•	,	<u>_</u>			
Betsy Vascil 12405 Alexandra Fiscotx Sarah McArdle 5612 Roanoke Dr. Friscotx Denise Lewis 175005 Treasurer 4hrs 1008 Romake Frisco TX 75005 Treasurer 4hrs 11103 William shurg Friscotx 75005 Vice President Vice President		(a) Name and addre	ess		hours per	week	(If not pa	aid, empl	byee benefit	plans &	account and
12405 Alexandra, FiscoTX Sarah McArdle S612 Roanoke Dr. Frisco, TX Denise Lewis Too35 Treasurer 4hrs -0- Kanee Ehmke 11103 William stourg FriscoTX 75035 Vice President		Betsy Va	reil			Gevoted to			r., ucio	area compe	1341011	Outer allowalices
Sarah McArdle 5612 Roanoke Dr. Frisco TX Denise Lewis 75005 Theasurer 4hrs -0- Kanee Ehmike 11103 William sburg Frisco TX 75005 Vice President Vice President				na F	TISCOTX	Hesd	ent] - O.				
Floor Romake, Frisco TX 75035 Treasurer 4hrs -0- Kenee Ehmke 11 103 William shurg FriscoTX 75036 Vice President -0-		M	$\Delta \Delta = A \Delta$, .	• • • •							
Floor Romake, Frisco TX 75035 Treasurer 4hrs -0- Kenee Ehmke 11 103 William shurg FriscoTX 75036 Vice President -0-		<u>5612 Kaar</u>	roke Dr.	Frisc	co, TX	Secreta	ry 2 hrs	-0-				
Renee Ehmke 11/03 William Stourg Friscott 1505 Vice President -0-						Transcer	- 4hrs	-0-				
11 103 William sburg Friscott 7505 Vice fresident 0-						. ^	20.00					
		11103 Will	am shura	Frisca	TX TERE	Vice free	dont	-0-	-			n
		11 100	302.15	111500	- III 135-25	1.55 1.54	overn	 				
								 				
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Pai	Other Information (Note the statement requirements in the instructions for Part VI.)			
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		<u>/</u>
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34		/
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	35a		/
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	36		
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a			
b	Did the organization file Form 1120-POL for this year?	37b		<u> </u>
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a		
	If "Yes," complete Schedule L, Part II and enter the total amount involved	-		
39	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9 39a			
	Thinds of the capital contributions included on line 5	-	1	
	areas receiped, moraded on the ci, for pashe dec of class admitted	-		
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶			
b	Section 501(c)(3) and (4) organizations. 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," complete Schedule L, Part I	40b		/
С	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Enter amount of tax on line 40c 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? If "Yes," complete Form 8886-T	40e		<u> </u>
41 42a	List the states with which a copy of this return is filed. ► N/A The books are in care of ► Denise Leans Telephone no. ► (972 Located at ► SLOS Koanoke Dr Frisco TX ZIP + 4 ► 750) 712 35	2.2	8 4
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 account)?	_	Yes	
	If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		
_	If "Yes," enter the name of the foreign country: ▶			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year	· • •		▶ □
		ſ	Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			
- •	Form 990-EZ	44		1
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If			
	"Yes," Form 990 must be completed instead of Form 990-EZ	45		Name of the last
		m 990		(2009)

Page	4

Part	Section 501(c)(3) organizations only and complete the tables for lines 50.	y. All section 501(c)(3) o and 51.	organizations mu	st answer questi	ons 40	5–49	
46 D	lid the organization engage in direct or indirect	political campaign activitie	s on behalf of or in	opposition to		Yes	
	andidates for public office? If "Yes," complete			• •	46		/
	id the organization engage in lobbying activitie	·			47		
	the organization operating a school as describ			ete Schedule E .	48		
	lid the organization make any transfers to an ex	•	_		49a 49b		~
	"Yes," was the related organization(s) a section complete this table for the five highest compens	<u>-</u>					
	ach received more than \$100,000 of compensa (a) Name and address of each employee paid more				(e)	Expens	se .
	than \$100,000	devoted to position		deferred compensation		allowar	
	None						
		-					
		-					
		-					
		-					
Total n	umber of other employees paid over \$100,000 ▶	>		-			
	complete this table for the five highest compensormensation from the organization. If there is r		tors who each rece	eived more than \$1	00,000	of	
	(a) Name and address of each independent contractor	r paid more than \$100,000	(b) Ty	pe of service	(c) Con	pensa	tion
	- A-0-0						
	1500						
· -							
	——————————————————————————————————————						
							
Total n	number of other independent contractors each	receiving over \$100,000	. ▶				
Sign	Under penalties of perjury, I declare that I have exam and belief, it is free correct, and complete Declara	nined this return, including accom	panying schedules and	statements, and to the lation of which prepare	r has an	y knov y knov	vledge /ledge
Here	Signature d'officer Denise Leu	is	[Date			
	Type or print name and title	lp-t-	Check if	Demograda (dontré	Number "	· · · · · ·	
Paid Prepare	Preparer's signature	Date	self- employed	Preparer's Identifying	Number (8	ee insti	uctions)
Use Or	if self-employed),			IN ►			
May th	address, and ZIP + 4 P ne IRS discuss this return with the preparer sho	wn above? See instruction		Phone no. ► ()	Ū Y	96	No
	is the closes the retain with the propaler sho	doorer ooc manachor	······································		orm 99 0		

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

nonexempt charitable trusts. ▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Employer identification number the organization Middle)rearizate -04 370 ester z hool leacher Varcet Reason for Public Charity Status (All organizations must complete this part.) (see instructions) Part I The organization is not a private foundation because it is: (Please check only one organization.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.) A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) Accommunity trust described in section 170(b)(1)(A)(vi). (Complete Part II.) Я An organization that normally receives: (1) more than 331/4 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt 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), (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. c ☐ Type III—Functionally integrated d Type III-Other a 🗌 Type I **b** Type II e 🔲 By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) 11g(i) and (iii) below, the governing body of the supported organization? 11g(ii) (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the organizations the organization supports. (vi) Is the (ili) Type of organization (iv) Is the organization (i) Name of supported an ein (v) Did you notify (vii) Amount of organization (described on lines 1-9 in col (i) listed in your the organization in organization in col support (i) organized in the governing document? cal (ii) of your above or IRC section. (see instructions)) support? Yes Yes No Nο Yes No **Total**

Pai	Support Schedule for Org (Complete only if you chec	ganizations l	Described in on line 5, 7,	Sections 17 or 8 of Part I	0(b)(1)(A)(iv) .)	and 170(b)(1)(A)(vi)
Sec	tion A. Public Support						
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1-3		 			 	
5 6	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4						_
Sec	tion B. Total Support			• • • • • • • • • • • • • • • • • • • •			
	lendar year (or fiscal year beginning in) 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carned on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10 .	L	<u> </u>	L			l
12	Gross receipts from related activities, etc	•	•			12	· · · · · · · · · · · · · · · · · · ·
13	First five years. If the Form 990 is for organization, check this box and stop he						
Sec	tion C. Computation of Public Su		ntage		<u></u>		<u> </u>
14	Public support percentage for 2008 (line			1 column (fl)		14	%
15	Public support percentage from 2007 Sci		=			15	%
	331/3 % support test—2008. If the organiand stop here. The organization qualifies	zation did not	check the box	•			
	33% % support test—2007. If the organi box and stop here. The organization qua	alifies as a pub	licly supported	organization .			. , , ▶ 🗆
17a	10%-facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circum organization meets the "facts-and-circum	acts-and-circui	mstances" test,	check this box	and stop here	. Explain in Part	IV how the
b 18	10%-facts-and-circumstances test—2007 more, and if the organization meets the "facts-and-circumstances the "facts-and-circumstances" Private foundation. If the organization did	acts-and-circum ances" test. The	nstances" test, o organization qu	check this box a alifies as a public	and stop here bly supported or	Explain in Part ganization .	IV how the

Schedule A (Form 990 or 990-EZ) 2008

Par	Support Schedule for Orga (Complete only if you check				a)(2)		
Sec	tion A. Public Support	<u> </u>					
	elendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
							
1	Gifts, grants, contributions, and membership fees received. (Do not include						
	any "unusual grants.")	8829	7008	8442	13519	14352	52,150.
2	Gross receipts from admissions, merchandise	,			•		•
	sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	44445	30663	41949	38 636	44941	200,634
3	Gross receipts from activities that are not an unrelated trade or business under section 513	_					
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	<u></u>					
5	The value of services or facilities furnished by a governmental unit to the organization without charge			_	}		
6	Total. Add lines 1-5	53274	37671	50391	52155	59293	252 78
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	_					
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
С	Add lines 7a and 7b	-0 -	-0 -	0	0	-0-	
8	Public support (Subtract line 7c from line 6.)	53,274	37671	50391	52 155	59293	252,78
	tion B. Total Support						
Ca	alendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	Amounts from line 6	53274	37671	5039	52155	59293	252,78
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			\			
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b		<u> </u>				
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)		\	((/
13	Total support. (Add lines 9, 10c, 11, and 12)	53274	37671	50391	52155	59293	252, 784
14	First five years. If the Form 990 is for organization, check this box and stop				h, or fifth tax y		
Sec	tion C. Computation of Public Su	pport Perce	ntage				
15	Public support percentage for 2008 (lin	ne 8, column (f) divided by lin	ne 13, column	(f))	15	%_
16	Public support percentage from 2007			7g	· · ·	16	%
Sec	tion D. Computation of Investme	nt Income P	ercentage			r 	
17	Investment income percentage for 200	-		•	• • • •	17	<u>%</u>
18	Investment income percentage from 2					18	<u> </u>
19a	33% % support tests—2008. If the org	oox and stop h	ere. The organ	ization qualifie	s as a publicly :	supported orga	nization 🕨 🗌
Ь	33\% % support tests - 2007. If the organine 18 is not more than 33\% %, check the						

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ □

Schedule A (F	form 990 or 990-EZ) 2008	Page 4
Part IV	Supplemental Information. Complete this part to provide the explanation required by Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see	
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Schedule for Part I, Other Expenses Line 16 Wester Middle School PTO, Frisco, Texas Tax ID # 04-3703083

Other Expenses

School Year 2008-2009

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(\$485.00)	Insurance	O	
(\$843.00)	Supplies/Incentives	ட	
(\$3,846.00)	Hospitality/Staff Appreciaiton	ш	
(\$16,435.00)	School Instructional Supplies/One Book Inititaive	۵	
(\$1,897.00)	Student Reward Program	ပ	
(\$3,221.00)	Programs	В	
(\$1,000.00)	Scholarships -Frisco Educ. Found.	∢	

(\$27,727.00)

Schedule for Part I, Revenue, Expenses and Changes in Net Assets or Fund Balances line 6A, 6B, 6C Wester Middle School PTO, Frisco, Texas

Tax ID # 04-3703083

School Year 2008-2009

Total	\$14,352.00
Membership	\$2,992 00
Fundraising	\$11,360 00
Line 1, 3	Contributions and Memberships

Total	\$44,941.00	(\$23,455.00)	\$21,486.00
Misc	\$281.00		\$281 00
Spiritwear	\$17,822 00	(\$5,895 00)	\$11,927 00
School Pacs	\$4,200 00 \$	(\$3,069 00)	\$1,131 00
PE Uniforms	\$8,620 00	(\$6,001.00)	\$2,619 00
Directory	\$1,175 00	(\$292.00)	\$883 00
Concessions	\$0 00	\$0 00	\$0 00
Book Fair	\$12,843 00	(\$8,198 00)	\$4,645 00
Line 6a, 6b	Gross Revenues	Less. Direct Expenses	Net Income/(Loss)

Summary of Net Change for 2007-2008	
Total Contributions and Memberships	\$14,352 00
Total Net Income	\$21,486 00
Total Other Expenses	(\$27,727 00)
Net Change	\$8,111 00