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**Short Form
Return of Organization Exempt From Income Tax**

2008

**Open to Public
Inspection**

*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.*

Department of the Treasury
Internal Revenue Service

A For the 2008 calendar year, or tax year beginning <u>7/1/2008</u> , and ending <u>6/30/2009</u>	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <u>Waldwick Junior School Parent School Organization</u> Number and street (or P O box, if mail is not delivered to street address) Room/suite <u>155 Wyckoff Avenue</u> City, town, or country State ZIP + 4 <u>Waldwick NJ 07463</u>
	D Employer identification number <u>51-0188953</u>
	E Telephone number <u>(201) 652-9000</u>
	F Group Exemption Number ▶

• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

G Accounting method Cash Accrual
Other (specify) ▶

I Website: ▶ http://www.waldwick.k12.nj.us/waldwick/Middle%20School/PSO/
J Organization type (check only one) — 501(c) (4) ◀ (insert no) 4947(a)(1) or 527

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more. File Form 990 instead of Form 990-EZ ▶ \$ 28,423

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)

Revenue 1 Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5a Gross amount from sale of assets other than inventory 5b Less cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule) 6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input checked="" type="checkbox"/> a Gross revenue (not including \$ _____ of contributions reported on line 1) b Less direct expenses other than fundraising expenses c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 7a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe ▶ <u>See attached statement</u>) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	1	
	2	
	3	5,280
	4	
	5a	
	5b	
	5c	
	6	
	6a	18,120
6b	12,318	
6c	5,802	
7a		
7b		
7c		
8	5,023	
9	16,105	
Expenses 10 Grants and similar amounts paid (attach schedule) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe ▶ <u>See attached statement</u>) 17 Total expenses. Add lines 10 through 16	10	
	11	
	12	
	13	90
	14	
	15	1,189
	16	12,474
	17	13,753
Net Assets 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year. Combine lines 18 through 20	18	2,352
	19	2,350
	20	
	21	4,702

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	
22 Cash, savings, and investments	2,350	22	4,702	
23 Land and buildings		23		
24 Other assets (describe ▶ _____)		24		
25 Total assets	2,350	25	4,702	
26 Total liabilities (describe ▶ _____)		26		
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	2,350	27	4,702	

SCANNED JAN 07 2010

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Part III Statement of Program Service Accomplishments (See the instructions for Part III)		Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)	
What is the organization's primary exempt purpose? <u>Closer cooperation between home & school</u>			
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title			
28	<u>School dances for each grade Monthly newsletter to the Parents Eighth Grade graduation activities Field Day, Movie nights, snacks for Movie / Fun night, a preparing for College assembly, Math Fair, & Summer Art Program</u> (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	25,796
29 (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30 (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31	Other program services (attach schedule) (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32	Total program service expenses. (add lines 28a through 31a) <input type="checkbox"/>	32	25,796

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	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name <u>Deborah Lewis</u>	Str <u>155 Wyckoff Avenue</u>	Title <u>President</u>				
City <u>Waldwick</u>	ST <u>NJ</u> ZIP <u>07463</u>	Hr/WK <u>5 00</u>				
Name <u>Jeffrey Pattman</u>	Str <u>155 Wyckoff Avenue</u>	Title <u>Vice President</u>				
City <u>Waldwick</u>	ST <u>NJ</u> ZIP <u>07463</u>	Hr/WK <u>5 00</u>				
Name <u>Philip McGarrity</u>	Str <u>155 Wyckoff Avenue</u>	Title <u>Treasurer</u>				
City <u>Waldwick</u>	ST <u>NJ</u> ZIP <u>07463</u>	Hr/WK <u>5 00</u>				
Name _____	Str _____	Title _____				
City _____	ST _____ ZIP _____	Hr/WK _____				
Name _____	Str _____	Title _____				
City _____	ST _____ ZIP _____	Hr/WK _____				
Name _____	Str _____	Title _____				
City _____	ST _____ ZIP _____	Hr/WK _____				
Name _____	Str _____	Title _____				
City _____	ST _____ ZIP _____	Hr/WK _____				
Name _____	Str _____	Title _____				
City _____	ST _____ ZIP _____	Hr/WK _____				
Name _____	Str _____	Title _____				
City _____	ST _____ ZIP _____	Hr/WK _____				
Name _____	Str _____	Title _____				
City _____	ST _____ ZIP _____	Hr/WK _____				
Name _____	Str _____	Title _____				
City _____	ST _____ ZIP _____	Hr/WK _____				
Name _____	Str _____	Title _____				
City _____	ST _____ ZIP _____	Hr/WK _____				
Name _____	Str _____	Title _____				
City _____	ST _____ ZIP _____	Hr/WK _____				
Name _____	Str _____	Title _____				
City _____	ST _____ ZIP _____	Hr/WK _____				

Part V 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		X
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		X
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		
35a	a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		X
35b	b If "Yes," has it filed a tax return on Form 990-T for this year?		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N		X
37a	a Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	
37b	b Did the organization file Form 1120-POL for this year?	37b	X
38a	a 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	X
38b	b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39	Section 501(c)(7) organizations Enter N/A	39a	
	a Initiation fees and capital contributions included on line 9	39b	
	b Gross receipts, included on line 9, for public use of club facilities		
40a	a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955		
	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	X
	c 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		
40e	e 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	X
41	List the states with which a copy of this return is filed		
42a	The books are in care of Telephone no Located at City ST NJ ZIP + 4		
42b	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)? 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.	42b	X
42c	c At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country	42c	X
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	43	N/A
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	X
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	X

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51 **N/A**

- 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49 a Did the organization make any transfers to an exempt non-charitable related organization?
b If "Yes," was the related organization(s) a section 527 organization?
- 50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

	Yes	No
46		
47		
48		
49a		
49b		

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name <u>None</u> Str _____ City _____ ST ZIP _____	Title _____ Hr/WK _____			
Name _____ Str _____ City _____ ST ZIP _____	Title _____ Hr/WK _____			
Name _____ Str _____ City _____ ST ZIP _____	Title _____ Hr/WK _____			
Name _____ Str _____ City _____ ST ZIP _____	Title _____ Hr/WK _____			
Name _____ Str _____ City _____ ST ZIP _____	Title _____ Hr/WK _____			
Total number of other employees paid over \$100,000 ▶				

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Name <u>None</u> Str _____ City _____ ST ZIP _____		
Name _____ Str _____ City _____ ST ZIP _____		
Name _____ Str _____ City _____ ST ZIP _____		
Name _____ Str _____ City _____ ST ZIP _____		
Name _____ Str _____ City _____ ST ZIP _____		
Total number of other independent contractors each receiving over \$100,000 ▶		

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer: [Signature] Date: 12/10/09

Type or print name and title: Sheryl LaTorre P50 President Current President

Paid Preparer's Use Only

Preparer's signature: [Signature] Date: 12/2/2009 Check if self-employed: Preparer's Identifying Number (See instructions): 050-54-5703

Firm's name (or yours if self-employed), address, and ZIP +4: Philip C McGarrity, CPA, CMA EIN: 05-0545703

2 Durante Road, Waldwick, NJ 07463 Phone no: 201-783-4519

May the IRS discuss this return with the preparer shown above? See instructions. Yes No

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a List events with gross receipts greater than \$5,000.

		(a) Event #1 School Supplies (event type)	(b) Event #2 Market Day (event type)	(c) Other Events 3 (total number)	(d) Total Events (Add col (a) through col (c))	
Revenue	1	Gross receipts	6,199	1,764	1,700	9,663
	2	Less Charitable contributions				
	3	Gross revenue (line 1 minus line 2)	6,199	1,764	1,700	9,663
Direct Expenses	4	Cash prizes				
	5	Non-cash prizes				
	6	Rent/facility costs				
	7	Other direct expenses	2,850		1,312	4,162
	8	Direct expense summary Add lines 4 through 7 in column (d)				(4,162)
	9	Net income summary Combine lines 3 and 8 in column (d)				5,501

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming Casino Night	(d) Total gaming (Add col (a) through col (c))	
Revenue	1	Gross revenue		8,457	8,457	
Direct Expenses	2	Cash prizes				
	3	Non-cash prizes				
	4	Rent/facility costs				
	5	Other direct expenses			8,156	8,156
	6	Volunteer labor	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 100.00% <input type="checkbox"/> No	
	7	Direct expense summary. Add lines 2 through 5 in column (d)				(8,156)
	8	Net gaming income summary Combine lines 1 and 7 in column (d)				301

		Yes	No
9	Enter the state(s) in which the organization operates gaming activities		
a	Is the organization licensed to operate gaming activities in each of these states?	X	
b	If "No," Explain		
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?		X
b	If "Yes," Explain		
11	Does the organization operate gaming activities with nonmembers?		X
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?		X

13 Indicate the percentage of gaming activity operated in

13a	
13b	100.00%

- a The organization's facility
- b An outside facility

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ Philip C. McGarrity, CPA, CMA

Address ▶ 2 Durante Road Waldwick, NJ 07463

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?

15a		X
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- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c If "Yes," enter name and address

Name ▶ _____

Address ▶ _____

16 Gaming manager information

Name ▶ Adele Badalamenti, Casino Night Chairperson

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ Organized and ran event with her committee

- Director/officer Employee Independent contractor

17 Mandatory distributions

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
- b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

17a		X
------------	--	---

Part I; Line 8 (990-EZ) - Other Revenue

5,023

Description		Amount
1	Clothing Drive Revenue	16
2	Dance Revenue	3,542
3	Summer Art Program	1,215
4	Movie / Fun Night	250
5		
6		
7		
8		
9		
10		

Part I, Line 16 (990-EZ) - Other Expenses

12,474

1	Travel, Meals and Entertainment		
	a Travel	1a	
	b Total meals and entertainment	1b	
2	Fundraising	2	
3	From Form 4562 - Amortization	3	
4	Conferences, conventions, and meetings	4	
5	Depreciation, depletion, etc	5	
6	Equipment rental and maintenance	6	
7	Interest	7	
8	Supplies	8	158
9	Telephone	9	
10	Unrelated business income taxes	10	
11	Eight Grade Graduation / Pool Party	11	4,915
12	Signs to Remind People to Vote	12	186
13	Credit Card Processing Fee	13	632
14	Dance Expenses	14	2,404
15	End of year gifts / dinner	15	388
16	Field Day	16	989
17	Forensic Week Snacks	17	
18	Principals Fund	18	60
19	Math Fair	19	346
20	Preparing for College Speaker Fee	20	200
21	NJ Taxes & Fees	21	185
22	Teacher Appreciation Breakfast	22	291
23	Movie / Fun Night Expenses	23	113
24	Sunshine	24	392
25	Summer Art Program	25	1,215
26		26	

Application for Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed)

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*

Type or print <small>File by the due date for filing your return. See instructions.</small>	Name of Exempt Organization Waldwick Junior School Parent School Organization	Employer identification number 51-0188953	
	Number, street, and room or suite no. If a P O box, see instructions 155 Wyckoff Avenue		
	City, town or post office, state, and ZIP code. For a foreign address, see instructions Waldwick NJ 07463		

Check type of return to be filed (file a separate application for each return)

- | | | |
|---|---|------------------------------------|
| <input type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input checked="" type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

• The books are in the care of ▶ Waldwick Middle School 155 Wyckoff Avenue Waldwick NJ 07463

Telephone No ▶ (201) 652-9000 FAX No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 2/15/2010, to file the exempt organization return for the organization named above. The extension is for the organization's return for
▶ calendar year _____ or
▶ tax year beginning 7/1/2008, and ending 6/30/2009

2 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period

3 a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions