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2008

Open to Public Inspection

Form 990-EZ

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.

Department of the Treasury Internal Revenue Service

A For the 2008 calendar year, or tax year beginning JULY 1, 2008, and ending JUNE 30, 20 09

B Check if applicable: [] Address change, [] Name change, [] Initial return, [] Termination, [] Amended return, [] Application pending. C Name of organization: INDEPENDENCE HIGH SCHOOL PTSO. D Employer identification number: 86 1105056. E Telephone number: (615) 472-4600. 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: [x] Cash [] Accrual Other (specify) []

I Website: WWW.WCS.EDU/IHS/PTSO

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

J Organization type (check only one) - [x] 501(c) (3) (insert no.) [] 4947(a)(1) or [] 527

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 \$ 476,867

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

Table with 9 columns: Line number, Description, and Amount. Revenue section includes lines 1-9. Total revenue on line 9 is 476,867.

Table with 17 columns: Line number, Description, and Amount. Expenses section includes lines 10-17. Total expenses on line 17 is 471,101.

Table with 4 columns: Line number, Description, and Amount. Net Assets section includes lines 18-21. Net assets on line 21 is 106,016.

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.)

Table with 7 columns: Line number, Description, (A) Beginning of year, and (B) End of year. Balance sheet section includes lines 22-27. Total assets on line 25 is 131,147.

SCANNED FEB 04 2010

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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		✓
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		✓
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?		✓
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		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0		
37b	b Did the organization file Form 1120-POL for this year?		✓
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?		✓
38b	b If "Yes," complete Schedule L, Part II and enter the total amount involved		
39	Section 501(c)(7) organizations. Enter:		
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	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0		
40b	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		✓
40c	c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0		
40d	d Enter amount of tax on line 40c reimbursed by the organization ▶ 0		
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.		✓
41	List the states with which a copy of this return is filed. ▶ N/A		
42a	The books are in care of ▶ TONY GRAYSON Telephone no. ▶ (615) 519-9916 Located at ▶ THOMPSON'S STATION, TN ZIP + 4 ▶ 37197		
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.	Yes	No
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: ▶		✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here <i>N/A</i> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		☐
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		✓
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		✓

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.

- | | Yes | No |
|---|-----|-----|
| 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 | | ✓ |
| 49a 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? | | N/A |
- 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."

(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
N/A				
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
N/A		
Total number of other independent contractors each receiving over \$100,000 . . ▶		

Sign Here 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.

Signature of officer: *Anthony Egan* Date: *1/22/10*

Type or print name and title: *TREASURER*

Paid Preparer's Use Only

Preparer's signature: _____ Date: _____ Check if self-employed

Firm's name (or yours if self-employed), address, and ZIP + 4: _____ Preparer's Identifying Number (See instructions): _____

EIN: _____ Phone no.: _____

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I.) N/A

Section A. Public Support

Calendar 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 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)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar 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 carried 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						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	%
16a 33 1/3 % support test—2008. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3 % support test—2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar 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.")	63,262	189,946	295,986	277,809	168,083	995,086
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	146,806	212,242	204,659	320,059	307,996	1,191,762
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						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1-5	210,068	402,188	500,645	597,868	476,079	2,186,848
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	0	0	0	0	0	0
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	0	0	0	0	0	0
c Add lines 7a and 7b	0	0	0	0	0	0
8 Public support (Subtract line 7c from line 6.)						2,186,848

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	210,068	402,188	500,645	597,868	476,079	2,186,848
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	0	47	1,124	2,633	788	4,592
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	0	47	1,124	2,633	788	4,592
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.)						2,191,440
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input checked="" type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

19a 33 1/3 % support tests—2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization ▶

b 33 1/3 % support tests—2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization ▶

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

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	(b) Event #2	(c) Other Events	(d) Total Events	
		<u>Band-WGI/SCGC c</u> (event type)	<u>Band-Div II contes</u> (event type)	<u>Band,TD club,IAC</u> (total number) 8	(Add col. (a) through col. (c))	
Revenue	1	Gross receipts	55,770	46,882	108,086	210,738
	2	Less: Charitable contributions				
	3	Gross revenue (line 1 minus line 2)	55,770	46,882	108,086	210,738
Direct Expenses	4	Cash prizes	0	0	0	0
	5	Non-cash prizes	963	0	5,084	6,047
	6	Rent/facility costs	7,653	0	300	7,953
	7	Other direct expenses	36,348	36,766	39,452	112,566
	8	Direct expense summary. Add lines 4 through 7 in column (d) ▶				(126,566)
	9	Net income summary. Combine lines 3 and 8 in column (d) ▶				84,172

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	(d) Total gaming (Add col. (a) through col. (c))
Revenue	1	Gross revenue			N/A
Direct Expenses	2	Cash prizes			
	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d) ▶			()
	8	Net gaming income summary. Combine lines 1 and 7 in column (d) ▶			0

9	Enter the state(s) in which the organization operates gaming activities: N/A	Yes	No
a	Is the organization licensed to operate gaming activities in each of these states?	9a	
b	If "No," Explain: ----- -----		
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," Explain: N/A	10a	
11	Does the organization operate gaming activities with nonmembers?	11	✓
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?	12	✓

		Yes	No
13	Indicate the percentage of gaming activity operated in:		
a	The organization's facility	13a	0 %
b	An outside facility	13b	0 %
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ▶ <u>N/A</u>		
	Address ▶ _____		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	✓
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: <u>N/A</u>		
	Name ▶ _____		
	Gaming manager compensation ▶ \$ _____		
	Description of services provided ▶ _____		
	<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> 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? <u>N/A</u>	17a	
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 ▶ \$ _____		

Independence High School PTSO			
	Form 990 EZ 2008-09		
	ID # 86-1105056		
STATEMENT 1			
	GROSS REVENUE	DIRECT EXPENSE	NET INCOME (LOSS)
		(Other than Fund Raising)	
PTSO			
Fundraisers	\$0	\$0	\$0
BAND			
Fundraisers	\$149,696	\$0	\$149,696
TOUCHDOWN CLUB			
Fundraisers	\$73,822	\$0	\$73,822
IAC			
Fundraisers	\$84,478	\$0	\$84,478
TO FORM 990 EZ PART I	\$307,996	\$0	\$307,996
	Page 1, Line 6a		Page 1, Line 6c

Independence High School PTSO				
Form 990 EZ 2008-09				
ID # 86-1105056				
STATEMENT 2				
FORM 990 EZ - OTHER EXPENSES.				
PART I	(A)	(B)	(C)	(D)
DESCRIPTION	TOTAL	PROGRAM SERV.	MGMT/GEN	FUNDRAISING
PTSO				
Assist to Student Organizations & Teachers	\$22,324	\$22,324		
Administrative	\$698		\$698	
Fundraising	\$0			\$0
	\$23,022	\$22,324	\$698	\$0
BAND				
Contract labor, contests, equip, uniforms, etc.	\$134,304	\$134,304		
Fundraising	\$123,302			\$123,302
Interest Expense	\$2,564		\$2,564	
	\$260,170	\$134,304	\$2,564	\$123,302
TOUCHDOWN CLUB				
Uniforms, equip, supplies, field maintenance, etc.	\$51,331	\$51,331		
Administrative/bank fees	\$383		\$383	
Fundraising	\$14,539			\$14,539
	\$66,253	\$51,331	\$383	\$14,539
IAC				
Equip, facilities, training, scholarship, grants, etc.	\$97,833	\$97,833		
Administrative	\$37		\$37	
Fundraising	\$22,187			\$22,187
	\$120,057	\$97,833	\$37	\$22,187
TOTALS TO FORM 990 EZ	\$469,502	\$305,792	\$3,682	\$160,028
Tax Return Line	Part I, Line 16	Pg 2, Part III, Line 32		

FORM 990 EZ

STATEMENT OF ORGANIZATION'S PRIMARY PURPOSE
PART III

STATEMENT 3

EXPLANATION:

TO SUPPORT INDEPENDENCE HIGH SCHOOL IN THE DEVELOPMENT OF FOUNDATIONAL
SKILLS THAT ENABLE STUDENTS TO BECOME LIFE-LONG LEARNERS.

FORM 990 EZ

Part II Line 26 TOTAL LIABILITIES

STATEMENT 4

NOTES PAYABLE SCHEDULE - BAND
UNIFORM LOAN
STUDENT ACCOUNTS
SCHOLARSHIP DEPOSIT

6/30/2008
17,149
13,248
500

6/30/2009
9,171
11,644
1,000

TOTALS

30,897

21,815

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
Kim Huddleston 1776 Declaration Way Thompson Station, TN 37179	President 0	0	0	0
DAVID PERRY 1776 DECLARATION WAY Thompson Station, TN 37179	Past President 0	0	0	0
SUZANNE PERRY 1776 DECLARATION WAY Thompson Station, TN 37179	Past President 0	0	0	0
Tammy Pahle 1776 DECLARATION WAY Thompson Station, TN 37179	President Elect 0	0	0	0
Patti Corl 1776 DECLARATION WAY Thompson Station, TN 37179	SECRETARY 0	0	0	0
Vickie Reefsnider 1776 DECLARATION WAY Thompson Station, TN 37179	TREASURER 0	0	0	0
Tony Grayson 1776 DECLARATION WAY Thompson Station, TN 37179	ASST. TREASURER 0	0	0	0
Susie Zacharias 1776 DECLARATION WAY Thompson Station, TN 37179	VP HOSPITALITY 0	0	0	0
LISA GUNDY 1776 DECLARATION WAY Thompson Station, TN 37179	VOLUNTEER COORDINATOR 0	0	0	0
TOTALS INCLUDED ON FORM 990 EZ, PART IV		0	0	0