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Form **990-EZ**

Department of the Treasury

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)

Sponsoning 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

	For the 2008 calen	dar voor	or tax year beginning August 15 , 2008, and endit		ot 15	, 20 09			
_	Check if applicable	Please				tification number			
ň	Address change	ddress change use IRS label or Jackson Street School PTO 04							
	Name change								
	Initial return	type.		com/suite E Teleph (413					
닏	Termination	See Specific	120 Jackson St.			587-1510			
님	Amended return Application pending	Instruc-	City or town, state or country, and ZIP + 4 Northampton, MA 01060	F Group					
<u> </u>		tions.			er				
	• Section 501(c)(3)	-	ations and 4947(a)(1) nonexempt charitable trusts must attach apleted Schedule A (Form 990 or 990-EZ).			☑ Cash ☐ Accrual			
_									
						rganization is not			
-	Todaliot Todaliot				to attach Schedule B (Form 990,				
			nly one) – 501(c) (3) ◀ (insert no) 4947(a)(1) or 527	990-EZ, or 990					
			in is not a section 509(a)(3) supporting organization and its gross receipt	s are normally not	nore th	an \$25,000. A return is			
			zation chooses to file a return, be sure to file a complete return ie 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instea	od of Form 000 57	▶\$	91,318			
									
			nses, and Changes in Net Assets or Fund Balances (S			35,373			
		-	, grants, and similar amounts received		1	33,373			
	_		evenue including government fees and contracts		2				
~		•	and assessments		3	200			
2011 2011	4 Investmer				4	399			
~	3		m sale of assets other than inventory						
E 9			er basis and sales expenses						
<u>o</u>	1		sale of assets other than inventory (Subtract line 5b from line 5a) (at		5c				
トトガ Revenue	1	ck here 🕨 🔲	. 1						
T 8	a Gross rev	enue (no	ot including \$ of contributions	55 540	- 1				
	reported of		,	55,546					
ij	1		nses other than fundraising expenses 6b	22,212	6c				
ののことにはこり	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)					33,334			
9	7a Gross sales of inventory, less returns and allowances				1				
3	b Less: cos	t of goo	ds sold						
Ŕ	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)				7c				
•	8 Other reve)	9				
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8					69,106			
	10 Grants and similar amounts paid (attach schedule)								
		11 Benefits paid to or for members							
penses	12 Salaries, o			12					
en			and other payments to independent contractors		13				
<u></u>			utilities, and maintenance		14				
K	EGEPihena)	oublicati	ons, postage, and shipping		15				
	16 Other exp	epses (describe Program - 63,562, Management - 6,156)	16	69,718			
	17 Total exp	ersses.	Add lines 10 through 16	•	17	69,718			
\$			for the year (Subtract line 17 from line 9)		18	(612)			
sse			d balances at beginning of year (from line 27, column (A)) (m	ust agree with					
			reported on prior year's return)		19	47,083			
	20 Other cha	<u>ngesi</u> in	net assets or fund balances (attach explanation)		20				
-			balances at end of year. Combine lines 18 through 20		21	46,471			
	Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990								
		•	ee the instructions for Part II.)	(A) Beginning of y		(B) End of year			
22				47,0	83 22	46,471			
23					23				
24	•)		24	40.471			
25				47,0		46,471			
26	Total liabilities	(describ	be >	17.4	26	40.471			
27			lances (line 27 of column (B) must agree with line 21)	Cat. No. 10642I	83 27	46,471			
FOI	Frivacy Act and P		Form 990-EZ (2008)						

Part III Statement of Program Service Accom		Expenses			
What is the organization's primary exempt purpose?	hild enrichment for Jacks	son Street Schoo	1		uired for 501(c)(3) (4) organizations
Describe what was achieved in carrying out the organization	ation's exempt purposes. Ir	n a clear and cond	ise manner.	and	4947(a)(1) trusts;
describe the services provided, the number of persons be	nefited, or other relevant info	ormation for each p	rogram title.	opti	onal for others.)
28 Budget Crisis Response Committee Expenses					
			••••	ľ	
(Grants \$) If this amount incli	udes foreign grants, check	here	. ▶ □	28a	16,912
29 Nature's Classroom Trip					

(Grants \$) If this amount incli	udes foreign grants, check	here	▶□	29a	16,807
30 Cultural Arts Activities					

	udes foreign grants, check	here	. ▶ ⊔	30a	10,969
, , , , , , , , , , , , , , , , , , , ,					4
(Grants \$) If this amount incli	udes foreign grants, check	here	. ▶ ⊔	31a	18,875
32 Total program service expenses (add lines 28a th				32	63,562
Part IV List of Officers, Directors, Trustees, and Key	(b) Title and average		d. (See the ins		(e) Expense
(a) Name and address	hours per week	(c) Compensation (if not paid,	employee benefit i	plans &	account and
78 -44L TI	devoted to position	enter -0)	deferred compen	sation	other allowances
Matthew Thomas	President, 1	a		0	σ
29 Adare Pl., Northampton, MA 01060		0		-	
Colleen Kellogg 60 Hinckley St, Florence, MA 01062	Treasurer, 2	o		o	0
Charlotte Couston			-		
45 Jackson St, Northampton, MA 01060	Co-Chair, 1	o	ŀ	0	0
Kimm Quinlan					<u> </u>
712 Bridge Rd, Northampton, MA 01060	Co-Chair, 1	o		0	0
712 Bridge Rd, Northampton, MA 01060		-			· · · · · · · · · · · · · · · · · · ·
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Par	Other Information (Note the statement requirements in the instructions for Part VI.)		V	
	·		res	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		✓
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		1
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		1
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		<u> </u>
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	36		1
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		_
	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		1
	If "Yes," complete Schedule L, Part II and enter the total amount involved			í [
39	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9 39a			í
	Initiation fees and capital contributions included on line 9			
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	7		
	section 4911 ▶; section 4912 ▶; section 4955 ▶			j
D	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			ĺ
	1.0.41	40b		1
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			. 1
	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		✓
41	List the states with which a copy of this return is filed. ▶			
42a	The books are in care of ▶ Telephone no. ▶ (
	Located at ► ZIP + 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	401	Yes	NO
	account)?	42b		- 4
	If "Yes," enter the name of the foreign country:			. 1
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
	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		_ ✓
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	_		
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			لــــا
	Form 990-EZ	44		✓
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If			لہا
	"Yes," Form 990 must be completed instead of Form 990-EZ	45		4

Page	4
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Par	t VI	Section 501(c)(3) organizations only. and complete the tables for lines 50 ar	All section 501(c)(3) o nd 51.	rganizations m	ust answer questi	ons 4	6–49	
46	Did t	he organization engage in direct or indirect p		on behalf of or	in opposition to		Yes	No
-		idates for public office? If "Yes," complete So				46		1
47	Did t	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II						1
48	is the	organization operating a school as describe	d in section 170(b)(1)(A)(ii)	? If "Yes," comp	lete Schedule E .	48		1
		he organization make any transfers to an exe	•	d organization?		49a		/
		es," was the related organization(s) a section	_			49b		L
50		plete this table for the five highest compensation received more than \$100,000 of compensation	on from the organization.	If there is none,	enter "None."			
	(a) 1	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	acc	Expens ount an allowar	nd
Non	e		· · · · · · · · · · · · · · · · · · ·					
							· · · · · · · · ·	
	·							
				-				
Tota	l numb	per of other employees paid over \$100,000 ►						
51		olete this table for the five highest compensation from the organization. If there is no		ors who each red	ceived more than \$1	00,000) of	
		(a) Name and address of each independent contractor p	aid more than \$100,000	(b) T	ype of service	(c) Con	npensat	lion
Non	ie	••						
Fotal	numb	per of other independent contractors each re-		. ▶				
		Under penalties of perjury, I declare that I have examin and belief, it is true, correct, and complete. Declaration	ed this return, including accompan of preparer (other than officer	anying schedules and) is based on all info	d statements, and to the treatment of which prepare	est of m	y know v know	vledge vledae.
Sign		1 Don Valla	Dogsu		2/2/	. ~	•	Ū
ier		Signature of officer	gy, viscour		Date Date			
		Colleen Kelloga Tr	easurer					
		Type or print name and title						
Paid		Preparer's	Date	Check if self-	Preparer's Identifying	Number (S	See instri	uctions)
	arer's	signature Firm's name (or yours		employed				
Jse (Only	rf self-employed),			EIN •			
Mav	the IR	address, and ZIP + 4 V S discuss this return with the preparer show	n above? See instructions		Phone no. ▶ ()		es 🗌	No
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