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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) 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 conv of this return to satisfy state propring requirements.

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



Open to Public Inspection

•	Inter	nal Revenu	Je Service		The organization m	nay have to us	e a copy of this rei	urn to satisfy :	state reportii	ng requirem	ents		inspection
⋖	A F	For the 2008 calendary Check if applicable		ar year,	, or tax year begin	ning	October 1	, 2008	3, and end	ling	Septemb	er 30	, 20 09
. VILLAFANA	<b>B</b> (			Please	C Name of organiza	ation					D Employe	r ider	ntification number
AF.	=	Address c	-	use IRS ! label or	Pierce MiddleS	chool Pare	ent Teacher O	ganization	, Inc.		04		3327724
33	=	Name cha	•	print or			c, if mail is not deli			Room/suite	E Telepho	ne nu	mber
<b>: &gt;</b>	=	Initial retui Terminatio		type.	451 Central Ave	e.					( 617	)	696-4568
,z	=	Amended		Specific	City or town, stat	e or country.	and ZIP + 4		· · · ·		F Group E		
EARED	=		n pending	Instruc-	Milton, MA 021						Number		
	=-	Section	on 501(c)(3)	organiza	ations and 4947(a)		nnt charitable t	ruete muet :	attach	G Accor	unting meth		☑ Cash ☐ Accrual
		000111	317 00 7(0)(0)		npleted Schedule			aoto mast t	attaon,		(specify) ▶	Ju	E Cash _ Accidar
50	_												
		<b>N</b> ebsit	e· <b>&gt;</b>										rganization is <b>not</b> edule B (Form 990,
				check or	nly one) – 🗹 501(c	) ( 3 ) <b>4</b> (m)	nort no.)	147(a)(1) or	—————————————————————————————————————	•	ed to attact Z, or 990-P		sadie b (Form 990,
											<u> </u>		
				-		, , , , , , , , ,		•		its are norn	nally <b>not</b> m	ore tha	an \$25,000 A return is
<b>~</b>					ization chooses to fine 9 to determine gr					ad of Form	000 E7	<b>-</b> \$	122 006
		art I											132,896
<b>N</b> 7	L		nevenue	Expe	nses, and Cha	inges in i	let Assets of	ruiiu ba	Iances A	TUTE U	HISTORIO		
==4		1	Contribution	ns, gifts	s, grants, and simi	lar amounts	received .		· · RE	CLIN	ED· 🗕	<u>1</u> 2	91,921
S T		2			revenue including						⊢		4 400
≥		3	Membersh	ip dues	s and assessmen	ts			M	ov n # 1	ing · -	3	4,499
2		4	Investment								· · ·	4	
<i>→</i>		5a	Gross amo	ount fro	m sale of assets	other than	inventory .		5a TP	R BRAN	<del>ICH  </del>	,	
		b			er basis and sale:	•			_ 3D	OCDEN	<b>J</b>		
<b>₽</b>	a	С	Gain or (los	s) from	sale of assets other	er than ınve	ntory (Subtract	ine 5b from	line 5a) (a	ttach sche	edule) . 📜	SC	
3	Revenue	6			vities (complete applica				gaming, ch	eck here 🕨		w	
5	Š	а	Gross reve	enue (no	ot including \$	9	1,921 of con	tributions					
•	8		reported o	n line 1	)				6a			·	
		b	Less: direc	t exper	nses other than f	undraising	expenses .		6b		25,236		
സ		С	Net income	e or (lo:	ss) from special (	events and	activities (Sub	tract line 6l	p from lin	e 6a) .		ic	11,240
2013		7a	Gross sale	s of inv	ventory, less retu	rns and allo	owances .		7a				
		b	Less: cost		•				7b				
7		С	Gross prof	it or (lo	ss) from sales of				· 7a) .		L'	7c	
~~		8	Other reve		•		•					8	
$\Box$	$\Box$	9	Total reve	nue. A	dd lines 1, 2, 3, 4	4, 5c, 6c, 7	c, and 8	<u> </u>			▶	9	107,660
0		10	Grants and	d simila	r amounts paid (	attach sche	edule)				<u>. L</u>	10	2,682
<b>Z</b>	2	11			or for members .							11	
W S	Se	12	Salaries, o	ther co	mpensation, and	employee	benefits .				[	12	
	Ŷ	13	-		and other payme			actors .			<u>L</u>	13	
		14			utilities, and mai			,				14	
3	<b>尹</b>	15						No.	-		<u>.</u>	15	
	2	16	Other expe	enses (d	ons, postage, an describe ▶ <u>Fiel</u>	ld trips, cu	rriculum supp	ort, hospit	ality, sch	ool store	&-sc)	16	110,431
		17	Total expe	enses.	Add lines 10 thro	ough 16		'/)				17	113,113
	s	18	Excess or	(deficit)	) for the year (Su	btract line	17 from line 9)	17	28 20	/ <u>C</u>	)/ L	18	(5,453)
	Net Assets	19			nd balances at b					inst affe	Z with		
	As	.5			e reported on pri							19	21,686
	et '	20			net assets or fur			nation)	"W_ /	<i>ĭ⇒J⊈</i> [	· [	20	0
	Ž	21			d balances at en				20	v /	▶ 7	21	16,233
	Pa	rt II			s. If Total assets					e, file For	m 990 ins	ead	
					See the instruction		•				ginning of year		(B) End of year
	22	Cach	n, savings, a	•							21,680	22	16,233
	23										<del></del>	23	
×	24				<b>&gt;</b>				٠			24	
~	2 <del>4</del> 25		i assets (de I <b>assets</b>	SOUIDE					,		21,680		16,233
2	26		ii assets I liabilities	 (dosorit		• • •			٠	<u> </u>		26	
1	27	Net	assets or f	und ba	lances (line 27 c	of column (I	B) must agree	with line 21	1) .		21,68	$\rightarrow$	
, 3	_				rk Reduction Act I					Cat No			Form <b>990-EZ</b> (2008)

1 om 330 E2 (2000)					Page 4
Part III Statement of Program Service Accom					Expenses
What is the organization's primary exempt purpose?	he purpose of the corpor	ation is to provid	e curriculun	(Red	quired for 501(c)(3) (4) organizations
Describe what was achieved in carrying out the organiz	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 The Pierce Middle School serves approximately	900 children in grades six	through eight, a	pproximat€		
The curriculum enrichment goal is achieved, am	ong other efforts, by facil	tiating an annual	field trip to		
constructive artistic feedback on their musical p	erformance. Other field to	rips include Latin	students 1		
(Grants \$ ) If this amount incl	udes foreign grants, check	here	. ▶ 🗀	28a	80,620
Faculty support is provided to teachers who req	uest mini-grants to purch	ase course mater	rials		
subscriptions, supplies, etc. Small donations are					
***************************************					
(Grants \$ 2,682) If this amount incl	udes foreign grants, check	horo	<b>▶</b> □	29a	6,832
30 Social and cultural events are also sponsored by			ial		0,002
International/Cultural night. Hospitatilty is provide					
conferences, for attendees at PTO meetings and					
	udes foreign grants, check			20-	25,661
31 Other program services (attach schedule)	udes loreign grants, check	nere	<u>.                                    </u>	30a	23,001
32 Total program service expenses (add lines 28a th	udes foreign grants, check	nere	<del> </del>	31a	440.440
Part IV List of Officers, Directors, Trustees, and Key	Employees list each are ave			32	113,113
List of Officers, Directors, Trustees, and Rey	(b) Title and average	(c) Compensation	d. (See the ins		
(a) Name and address	hours per week	(If not paid,	employee benefit j	plans &	
V D	devoted to position	enter -0)	deferred compen	sation	other allowances
Kara Russo	Co-President,			_	
99 Gulliver Street, Milton	5 hrs/wk	0		0	U
Carol Rosner	Co-President,			_	
Fieldstone Terrace, Milton	5 hrs/wk	0		0	U
Lorraine Kiley	Treasurer,			_	
31 Cape Cod Lane, Milton	3 hrs/wk	0		0	U
					,
				-	
•••••••••••••••••••••••••••••••••••••••					
		,			
	<u>_</u>				
			-		

Par	t 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	33		<b>✓</b>		
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		<b> </b> ✓		
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				
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 0		. 144.			
	Did the organization file Form 1120-POL for this year?	37b		✓		
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a		<b>7</b>		
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	4		,		
39	Section 501(c)(7) organizations. Enter:		, ,			
	Initiation fees and capital contributions included on line 9	-				
	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 ▶		\$ 2			
þ	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 ▶	إ	,			
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	* * * *	<b>√</b>		
41	List the states with which a copy of this return is filed. ▶ Massachusetts					
42a	The books are in care of ▶ Lorraine Kiley  Located at ▶ 31 Cape Cod Lane  ZIP + 4 ▶	) 96 02186-	64-71 3313			
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		<b>✓</b>		
	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.		<u></u>			
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		<b>✓</b>		
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					
			Vac	No		
4.4	Did the arrangetion maintain any depar advised funds? If "Vee " Form 000 must be seembled in the of		1 63	140		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of					
45	Form 990-EZ	44		<b>✓</b>		
₩.	"Yes," Form 990 must be completed instead of Form 990-EZ	45		1		
		991	n_Eブ	(0000)		

Par	t VI	Section 501(c)(3) organizations only and complete the tables for lines 50 a	. All section 501(c)(3 nd 51.	) organization	ns mu	st answer ques	tions 4	6–49	
46	Did th	ne organization engage in direct or indirect p	political campaign activ	ities on behalf	of or I	n opposition to		Yes	No
		dates for public office? If "Yes," complete S					46		✓
		ne organization engage in lobbying activities					47		1
48	Is the	organization operating a school as describe	ed in section 170(b)(1)(/	A)(II)? If "Yes,"	compl	ete Schedule E .	48		<b>/</b>
		ne organization make any transfers to an exe		ated organızat	ion?		49a		<b>✓</b>
		s," was the related organization(s) a section					49b	L	Ц
50	Comp each	plete this table for the five highest compensations are ceived more than \$100,000 of compensations.	on from the organization	on. If there is r	none, e	nter "None."			
	(a) N	lame and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compe	nsation	(d) Contributions to employee benefit plans & deferred compensation	acc	Expens ount an allowar	nd
None	9					""			
<del></del>									
Total	numh	er of other employees paid over \$100,000		-			<del> </del>		
		plete this table for the five highest compensation from the organization. If there is not all the places of each independent contractor places.	one, enter "None."	actors who ear		pe of service	(c) Con		tion
None	9								
Total	numb	per of other independent contractors each re		▶					
Sign		Under penalties of perjury, I declare that I have examinand belief, it is true, correct, and complete. Declaration	ned this retum, including acco on of preparer (other than of	ompanying schedu ficer) is based on a	iles and all infom	statements, and to the nation of which prepar	best of mer has an	y know y know	vledge vledge
Here		Signature of officer  Lorraine Kiley, Treasurer	-			Date			
		Type or print name and title	<del></del>						
Paid Prepa	ror'e	Preparer's signature	Date	self-	ck if	Preparer's Identifying	g Number (S	Gee instr	uctions)
Use O		Firm's name (or yours if self-employed), address, and ZIP + 4			E	Phone no ► ( )			
Mav 1	the IR	S discuss this return with the preparer show	n above? See instructi	ons	<u> </u>	HOHO HO P. V.	- T v	es 🗆	No
				<u> </u>	•	<u> </u>	Form <b>99</b> (		

#### **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) nonexempt charitable trusts.

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

OMB No 1545-0047 8 Open to Public

Department of the Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** Pierce Middle School Parent Teacher Organization 3327724 Reason for Public Charity Status (All organizations must complete this part.) (see instructions) 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.) 3 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: ..... 5 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 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.) R A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33% % 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 331/3 % 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.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) 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. **b** Type II **c** Type III-Functionally integrated d Type III-Other e D 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? Yes 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. (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (v) Did you notify (vi) Is the (vii) Amount of organization (described on lines 1-9 in col (I) listed in your the organization in organization in col support above or IRC section governing document? col (i) of your (i) organized in the (see instructions)) support? Yes Yes Yes

Total

Par	(Complete only if you chec					and 1/0(b)(	1)(A)(VI) 
-	tion A. Public Support lendar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(0) 2006	(4) 2007	(e) 2008	45 Total
Ca	lendar year (or liscal year beginning in)	(a) 2004	(6) 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						
Sec	tion B. Total Support						
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2004	<b>(b)</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 .			<u> </u>	L	<u> </u>	
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	re	<u> </u>	nd, third, fourth	•		
	tion C. Computation of Public Su				<del></del>	1.27	100 %
14	Public support percentage for 2008 (line		•			15	100 <u>%</u>
15	Public support percentage from 2007 Sc						
16a	331/2 % support test—2008. If the organiand stop here. The organization qualifies	as a publicly	supported orga	nization			▶ [
b	33% % support test – 2007. If the organic box and stop here. The organization quality	ilifies 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-circu	mstances" test,	check this box	and stop here	. Explain in Par	t IV how the
b 10	10%-facts-and-circumstances test—2007 more, and if the organization meets the "facts-and-circumstances test—2007 more, and if the organization did	acts-and-circurances" test. The	mstances" test, e organization qu	check this box alifies as a publi	and <b>stop here</b> . cly supported o	Explain in Par	t IV how the
18	Private foundation. If the organization did	not check a b	ox on line 13, 16	oa, 100, 1/a, or	i / D, Check this	oox and see in	structions > 1

# 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.)

Sec	tion A. Public Support	od tille box of		,			<u> </u>		
$\overline{}$	alendar 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.")	14,281	90,974	99,572	143,236	91,921	440,074		
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								
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	11001							
6	<b>Total.</b> Add lines 1-5	14,281	90,974	99,572	143,236	91,921	440,074		
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	0	0	0	0	: 0	0		
_	year or \$5,000	14,281	90,974	99,572	143,236	91,921	440,074		
8	Public support (Subtract line 7c from line 6.)						110,01		
Sec	tion B. Total Support		:				<u> </u>		
Ca	alendar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total		
9	Amounts from line 6	14,281	90,974	99,572	143,236	91,921	440,074		
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	0	0	0	0	0	0		
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	<b>Total support.</b> (Add lines 9, 10c, 11, and 12)		-				440,074		
14	First five years. If the Form 990 is for organization, check this box and stop	here	<u> </u>			ear as a section	n 501(c)(3) ▶ □		
Sec	tion C. Computation of Public Su					, <u> </u>			
15	Public support percentage for 2008 (lin				**	15	100 %		
16	Public support percentage from 2007 Strion D. Computation of Investmen			<u>'g</u>		16	100 %		
			<del></del>						
17	Investment income percentage for 200			-	olumn (f)) .	17	0 %		
18	Investment income percentage from 20 33% % support tests—2008. If the organization								
19a	17 is not more than 331/3 %, check this b	ox and <b>stop he</b>	ere. The organiz	zation qualifies	as a publicly s	iore inan 33/3 9 supported orga	70, and line nization ▶ 🔽		
b	331/3 % support tests - 2007. If the organ	ization did not	check a box on	line 14 or line	19a, and line 10	6 is more than (	33⅓ %. and		
20	line 18 is not more than 33½%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization   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	om 990 or 990-EZ) 2008	Page 4
Part IV	<b>Supplemental Information.</b> 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	
		·
		·
		<del></del>

#### PIERCE MIDDLE SCHOOL PTO Schedule of Fundraising Activity October 1, 2008 - September 30, 2009

Item	Amount	Туре	Tax return categor income
Bake Sales	134	Inc	fundraising
Flower sale- Outdoor classroom	5,308	Inc	fundraising
Fundraiser - Annual Craft Fair	930	Inc	fundraising
Fundraiser - Barnes & Noble	1,085	Inc	fundraising
Fundraiser - French Club	1,131	Inc	fundraising
Fundraiser - Pierce decals	157	Inc	fundraising
Fundraiser-France trip	348	Inc	fundraising
Fundraiser-Music Dept	6,280	Inc	fundraising
Sally Foster Fundraiser	13,138	Inc	fundraising
Sprin Fling (Event)	4,975	Inc	fundraising
Yankee Candle fundraiser	2,991	Inc	fundraising
			36,476

Item	Amount Type	Tax return categor expense
Events	(8,770) exp	fundraising
Fundraising expense	(16,108) exp	fundraising
Fundraising exp-Pierce decals	(359) exp	fundraising
		(25,236)

Net fundraising income

11,240