

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



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 \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

OMB No 1545-1150

2009

Open to Public Inspection

			nue Service		The diganization may have to use a copy of this feturn to satisfy state reporting requir		1111	
				r year, c	r tax year beginning 07-01 , 2009, and endir	<u> </u>		, 20 10
		Please						tification number
	\sqsubseteq'	Address	idress change use RS PINK ELEMENTARY PARENT TEACHER 01				-0833 <u>4</u>	27
	닏	Name cha	inge	label or print or	Number and street (or P O box, if mail is not delivered to street address) Room/	sute E Teleph	one num	nber
		ntial retu	m	type.				
	الإ	Termnated See Specific 3650 OVERHILL DRIVE					69) 633	
	\sqsubseteq'	Amended	return	Instruc- tions	City or town, state or country, and ZIP + 4	F Group	Exempt	ion
	<u>/</u>		n pending	L	FRISCO, TX 75034	Numbe		1889
		Sec	tion 501(c)(3		ations and 4947(a)(1) ronexempt charitable trusts must attach	G Accounting M	ethod	X Cash Accrual
				a cor	npleted Schedule A (Form 990 cr 990-EZ).	Other (specify	<u> </u>	
						H Check ►		=
		Nebsite -	·			required to at	tach Sch	edule B (Form 990,
					ly one) - X 501(c) (3) ◀ (insert no) 4947(a)(1) or 527	990-EZ, or 99		
					on is not a section 509(a)(3) supporting organization and its gross receip			an \$25,000 A
					urn is not required, but if the organization chooses to file a return, be sure			
					ne 9 to determine gross receipts, if \$500,000 or more, file Form 990 inste		▶ \$	113,398
	P	rall			enses, and Changes in Net Assets or Fund Balances		ons for F	Part I)
		1		. •	grants, and similar amounts received		1	113,398
		2	_		enue including government fees and contracts · · · · · · · · · · · · · · · · · · ·		2	
		3			nd assessments		3	
		4	Investment				4	
		l			sale of assets other than inventory • • • • • • • • 5a			
					pasis and sales expenses · · · · · · · · · · · · 5b			
	R	С	Gain or (los:	5c				
2010	e v	6	Special events					
2	e n	а	Gross rever	·-·				
Ç	ü	_		•	6a			
 	C	1			es other than fundraising expenses · · · · · · · · · 6b			
\mathbf{c}					from special events and activities (Subtract line 6b from line 6a)	• • • • • • • • •	6c	
DE					tory, less returns and allowances · · · · · · · · · · 7a			
		ı		-	sold • • • • • • • • • • • • • • • • • • •			
<u>u</u>		l			from sales of inventory (Subtract line 7b from line 7a)	• • • • • • • • •	7c	
=		8	Other reven	•)	8	
SCANNED		9			Innes 1, 2, 3, 4, 5c, 6c, 7c, and 8		9	113,398
\mathcal{C}		10			meaning paint (annual or		10	
90	Ε	11	Benefits pai	d to or fo	or members · · · · · · · · · · · · · · · · · · ·	AUSC	11	··
	X D	12					12	·
	p e n	13	Professiona	l fees ar	d other payments to independent contractors	¦∰	13	99,743
	S	14	Occupancy	rent, uti	ities, and maintenance		14	
	e s	15	-		s, postage, and shipping	• • • • • • • • •	15	
		16			scribe STM130)	16	870
		17			d lines 10 through 16 · · · · · · · · · · · · · · · · · ·		17	100,613
	Α	18			r the year (Subtract line 17 from line 9) · · · · · · · · · · · · · · · · · ·		18	12,785
	A Ns e e t t	19			alances at beginning of year (from line 27, column (A)) (must agree with			
	e e			-	ported on prior year's return)		19	9,077
	S	20			t assets or fund balances (attach explanation)		20	
		21			alances at end of year Combine lines 18 through 20 · · · · · ·		21	21,862
	#Pa	TE STATE	Balance		ts. If Total assets on line 25, column (B) are \$1,250,000 or more, file I	Form 990 instead of	Form 99	90-EZ
	22	۸			(See the instructions for Part II)	(A) Beginning of year		(B) End of year
	22				ments · · · · · · · · · · · · · · · · · · ·	9,	763 22	32,985
	23		-		•••••	ļ	23	
	24 25	Othe Total	r assets (des	uribe 🟲			24	
	25 26						763 25	32,985
	26 27		liabilities (de				686 26	
	27	ivet a	ssets or tune	Daranç	es (line 27 of column (B) must agree with line 21)	9,	077 27	32,985

What is the organization's primary exempt purpose? Describe what was achieved in carrying out the organization manner, describe the services provided, the number of personal program title	's exempt purposes. In a cle	ar and concise)	501(d organ 4947	Expenses ulred for section (3) and 501(c)(4) nizations and section (a)(1) trusts, optional hers)
(Grants \$) If this amount includes foreign grants, check here · · · · · · ▶					
(Grants \$) If this ar	mount includes foreign grants	s, check here · · · ·	▶□	29a	
Other program services (attach schedule) · · · · · · · · (Grants \$) If this a	mount includes foreign grants	s, check here	· · · · · > [30a 31a	
32 Total program service expenses (add lines 28a through		• • • • • • • • • •	<u> </u>	32	0
Parit M List of Officers, Directors, Trustees, and Key					
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0)	(d) Contributions employee benefit pla deferred compensa	ans &	(e) Expense account and other allowances
SHAZIEH AHMAD	PRESIDENT				
FRISCO TX, 75034	0	0		0	0
LISA BOONE FRISCO TX, 75034	VP-MEMBERSHIP			_	
HEATHER MONEY	0 VP-WAYS/MEANS	<u> </u>			
FRISCO TX, 75034	0		,		0
JULI HENDRICKS	VP PROGRAMS				
FRISCO TX, 75034	0	0		o	o
JENNIFER BROWN	TREASURER	•			
FRISCO TX, 75034	0	1		o	0
LORI CUNNINGHAM	SECRETARY				
FRISCO TX, 75034	0	l c		o	o
JANIE WANG	HISTORIAN	-			
FRISCO TX, 75034	0			a	o
TRACI SEAL	PARLIAMENTARI				
FRISCO TX, 75034	0	· c		a	0
KATE BENNETT	COUNCIL DELAGAT				
FRISCO TX, 75034	0	C		d	0
VANESSA FAULK	HOSPITALITY				
FRISCO TX, 75034	0	0		a	0
				-	
		EEA			Form 990-EZ (2009)

Form	990-EZ (2009) , PINK ELEMENTARY PARENT TEACHER 01-0833	427	P	age 3
Pa	Other Information (Note the statement requirements in the instructions for Part V)			
			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		_X_
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of			
	the changes · · · · · · · · · · · · · · · · · · ·	34		_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 why the organization did not report the income on Form 990-T			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section	ł		
	6033(e) notice, reporting, and proxy tax requirements?	· 35a		<u>X</u>
	if "Yes," has it filed a tax return on Form 990-T for this year?	· 35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			
	during the year? If "Yes," complete applicable parts of Schedule N	36		<u> X</u>
	Enter amount of political expenditures, direct or indirect, as described in the instructions • • • • • • 37a			
	Did the organization file Form 1120-POL for this year?	- 37b		<u>X</u>
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
L	any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		X
	If "Yes," complete Schedule L, Part II and enter the total amount involved	4		
39	Section 501(c)(7) organizations Enter Initiation fees and capital contributions included on line 9			
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ , section 4912 ▶ , section 4955 ▶			
h	section 4911 ►, section 4912 ►, section 4955 ► Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit			
b	transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified			
	person in a prior year, and that the transaction has not been reported on any of the organization's prior			
	Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	. 40b		
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on	400		
·	organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958		`	
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c			
-	reimbursed by the organization · · · · · · · · · · · · · · · · · · ·			
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		Х
41	List the states with which a copy of this return is filed	100	l	
	The organization's books are in care of ▶ Telephone no ▶ 469-	633-3	500	
	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		Yes	No
	account)?	42b		X
	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	ļ.		
	and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		Х
	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 · · · · · · · ▶ 43			
			Yes	No
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

Panty	501(c)(3) organizations and section 4947(a)				All section
	and complete the tables for lines 50 and 51				
	d the organization engage in direct or indirect poli		behalf of or in opposi	tion to	Yes No
	indidates for public office? If "Yes," complete Sch			• • • • • • • • • • • •	- 46 X
47 Di	d the organization engage in lobbying activities?	If "Yes," complete Schedule	C, Part II	• • • • • • • • • • •	- 47 X
48 Is	the organization a school as described in section	170(b)(1)(A)(ıı)? If "Yes," co	mplete Schedule E	• • • • • • • • • • •	- 48 X
49 a Di	d the organization make any transfers to an exem	pt non-charitable related or	ganızatıon? • • • •	• • • • • • • • • • • • •	- 49a <u>X</u>
b If	"Yes," was the related organization a section 527	organization? • • • • • •	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	- 49b
50 C	omplete this table for the organization's five highe	st compensated employees	(other than officers, o	directors, trustees and key	
er	nployees) 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
NONE					
f To	otal number of other employees paid over \$100,00	0 •		<u></u>	
	omplete this table for the organization's five higher 100,000 of compensation from the organization of the	•		ch received more than	
	(a) Name and address of each independent contractor paid	more than \$100,000	(b) Typ	pe of service	(c) Compensation
		·			
					
				`	
			<u> </u>		
d To	otal number of other independent contractors each	receiving over \$100,000	· · · •		
	1 - 0				
Sign	Under pengities of perjury, I dechare that I have ex and belief, it is true, correct, and complete. Declar	amined this return, including accom ation of preparer (other than officer	panying schedules and sta) is based on all information	n of which preparer has any knowle	wledge dge
Here	Signature of process. Type or print name and title	in, Treasurer		Date 11-9-10	
Paid	Preparer's signature		ון סוו 👂 וו	Check if Preparer's ide	entifying No (See inst)
Prepare	r's DB TAX SER	VICE	·- i	EIN EIN	100 000 100 100 100 100 100 100 100 100
Use Onl	Firm's name (or yours	ty Mills #100		Ent	
	address, and ZIP + 4 Dallas, TX			 Phone no	18-5200
May the	IRS discuss this return with the preparer shown		• • • • • • • • • • • • • • • • • • • •		X Yes No
•					

SCHEDULE A (Form 990 & 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) ronexempt charitable trust.

 OMB No 1545-0047 2009

2003

Open to Public
Inspection

Employer identification number

		LEMENTARY PARE	NT TEACHER					_	01-0	833427			
	LE L			y Status (All organiz) See inst	ructions				
The	orga	nization is not a priva	te foundation beca	use it is (For lines 1 thro	ough 11, cl	neck only o	one box)					_	_
1		A church, convention	n of churches, or a	ssociation of churches d	escribed in	section 1	170(b)(1)(A)(i).					
2		A school described	n section 170(b)(1)(A)(ii). (Attach Schedule	εE)								
3		A hospital or a coop	erative hospital sei	rvice organization descri	bed in sec	tion 170(b)(1)(A)(iii).						
4		A medical research	organization opera	ited in conjunction with a	hospital d	escribed ir	n section 1	170(b)(1)(<i>A</i>	\)(iii). Ente	r the hospi	tal's nan	ne,	
	_	city, and state											
5		An organization ope	rated for the benef	fit of a college or univers	ity owned o	or operated	d by a gove	ernmental	unıt descri	bed in			
		section 170(b)(1)(A)	(iv). (Complete Pa	rt II)									
6			-	r governmental unit desc		-	· · · · · · · · ·						
7		An organization that	normally receives	a substantial part of its s	support fro	m a goveri	nmental ur	nt or from	the genera	l public			
	_	described in section	ı 170(b)(1)(A)(vi). (Complete Part II)									
8		A community trust de	escribed in section	170(b)(1)(A)(vi). (Comp	lete Part II)							
9	X	An organization that	normally receives	(1) more than 33 1/3%	of its supp	ort from co	ntributions	, member	ship fees, a	and gross			
		receipts from activiti	es related to its exc	empt functions - subject	to certain e	exceptions	, and (2) n	o more tha	an 33 1/3%	of its			
		support from gross i	nvestment income	and unrelated business	taxable inc	come (less	section 5	11 tax) fro	m business	ses			
		acquired by the orga	ınızatıon after June	e 30, 1975 See section	509(a)(2). (Complete	Part III)						
10			•	ed exclusively to test for p		•	•						
11		An organization orga	anized and operate	ed exclusively for the ben	efit of, to p	erform the	functions	of, or to c	arry out the	•			
				orted organizations desc				•		section			
		509(a)(3). Check the	box that describes	s the type of supporting o	organizatio	n and com	plete lines	11e throu	igh 11h				
		a 💹 Type i	b Тур				illy integra		d	Type I	III-Other		
е				organization is not contro									
				ers and other than one or	more pub	licly suppo	rted organ	izations d	escribed in	section			
_		509(a)(1) or section	509(a)(2)										
f		If the organization re	eceived a written de	etermination from the IR	S that it is a	a Type I, T	ype II, or T	ype III su	porting				
		organization, check		• • • • • • • • • • • • • • • • • • • •	• • • • •		• • • • •	• • • • •	• • • • •	• • • • •	• • • •	• • •	• •
g			06, has the organiz	zation accepted any gift	or contribu	tion from a	iny of the						
		following persons?											
			-	controls, either alone o	-	with perso	ns describ	ed in (ii)				Yes	No
			•	y of the supported organ		• • • • •	• • • • •	• • • • •	• • • • •	• • • • •	11g(i)	ļ	
			•	cribed in (i) above? • •			• • • • •	• • • • •	• • • • •	• • • • •	11g(ī)		
			•	n described in (i) or (ii) a		• • • • •	• • • • •	• • • • •	• • • • •	• • • • •	11g(III)	<u> </u>	<u> </u>
h			information about	t the supported organiza	tion(s)						,		
	(i) N	lame of supported organization	(ii) EIN	(III) Type of organization	(iv) Is the c	•	(v) Did y	•		s the		Amount	of
				(described on lines 1-9 above or RC section	governing of	•	the organ		organizat				
				(see instructions))			sup	port?	Ü	S ?			
					Yes	No	Yes	No	Yes	No	ļ. <u>.</u>		
					ļ				ļ				
					ļ. <u>.</u>				ļ				
		-				ļ		<u> </u>	ļ				
					ļ		ļ	ļ					
T-4 '	1												
Total	ı			l.	H			1			1		

PINK ELEMENTARY PARENT TEACHER Schedule A (Form 990 or 990-EZ) 2009 01-0833427 Page 2 ParkIII 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) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 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 In 4 Section B. Total Support (d) 2008 Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (e) 2009 (f) Total Amounts from line 4 • • • • • • • • Gross income from interest, dividends, payments received on securities loans. rents, royalties and income from similar 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) Section C. Computation of Public Support Percentage Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 15 % 16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box

	more, and if the organization meets the facts-and-circumstances fest, check this box and stop here. Explain in Part IV now the					
	organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization					
b	10%-facts-and-circumstances test - 2008. 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					

and stop here. The organization qualifies as a publicly supported organization

box and stop here. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this

17a 10%-facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or

Page 3

Support Schedule for Organizations Described in Section 509(a)(2)

	(Complete only if you checked the	box on line 9 of F	Part I)				
Sec	tion A. Public Support	***************************************	<u>-</u>		, ,		
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
4	Citta areata anatologica and						
'	Gifts, grants, contributions, and membership fees received (Do not include						
	any "unusual grants ") · · · · · · · · ·		3,145				3,145
2	Gross receipts from admissions, merchan-						
	dise sold or services performed, or fac- lities furnished in any activity that is related						
	to the organization's tax-exempt purpose		73,457				73,457
3	Gross receipts from activities that are not	-					
Ť	an unrelated trade or bus under sec 513		1				
		-				-	
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 through 5		76,602			1	76,602
- -							+
/a	Amounts included on lines 1, 2, and 3 received from disqualified persons • • • •						
	vocavou vouvaisquamieu paroonio		†		+		
b	Amounts included on lines 2 and 3 receiv-				}		
	ed from other than disqualified persons	l					
	that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	1			1		
_	Add lines 7a and 7b · · · · · · · · ·			<u></u>	+		-
8	Public support (Subtract line 7c from line 6) · · · · · · · · · · · · · · · · · ·						76 600
	<u> </u>	L			_}		76,602
	etion B. Total Support endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(4) 2009	(a) 2000	(6 Tata)
9	Amounts from line 6 · · · · · · · · · · ·	(a) 2005	76,602	(0) 2007	(d) 2008	(e) 2009	(f) Total
	Gross income from interest, dividends,	-	76,602			<u> </u>	76,602
iou	payments received on securities loans,		1				
	rents, royalties and income from similar	I			İ		
	sources · · · · · · · · · · · · · · · · · · ·						
b	Unrelated business taxable income (less	l					
	section 511 taxes) from businesses]				
	acquired after June 30, 1975 · · · · ·					-	
	Add lines 10a and 10b · · · · · · · · · · · · · · · · · · ·					- 	
11	Net income from unrelated business activities not included in line 10b.		1				
	whether or not the business is regularly						
	carried on · · · · · · · · · · · · · · · · · ·	-			ļ		
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) • • • • • • • • • • • • •						76,602
14	First five years. If the Form 990 is for the org	anızatıon's first.	second, third, fourth,	or fifth tax vear	as a section 501(c)(3)	
	organization, check this box and stop here	<u> </u>	<u> </u>		• • • • • • • • •	· · · · · · · · · · · · · · · · · · ·	• • • • • □
Sec	ction C. Computation of Public Su	pport Percer	ntage				,
15	Public support percentage for 2009 (line 8, c	• • •	•	• •			100.00 %
16	Public support percentage from 2008 Sched	ule A, Part III, line	15			· 16	9/
Sec	ction D. Computation of Investme	nt Income Pe	rcentage				
17	Investment income percentage for 2009 (line			lumn (f))		· 17	9
18	Investment income percentage from 2008 Sc	hedule A, Part III	, line 17 • • • • •			. 18	9
19a	33 1/3% support tests - 2009. If the organiza	ition did not check	the box on line 14	and line 15 is m	ore than 33 1/3%	and line	
-	17 is not more than 33 1/3%, check this box	and stop here. The	he organization quali	fies as a public	y supported organi	zation · · · ·	· · · · · ▶ [X]
b	33 1/3% support tests - 2008. If the organiza	ition did not checl	ca box on line 14 or	line 19a and lin	e 16 is more than	33 1/3% and	ے
	line 18 is not more than 33 1/3%, check this	box and stop her	e. The organization of	qualifies as a pu	blicly supported or	ganization • •	▶ □
20	Private Foundation: If the organization did n		_		• • •	-	

Federal Supporting Statements Name(s) as shown on return FEIN

FORM 990EZ, PART I, LINE 16 OTHER EXPENSES SCHEDULE 2

DESCRIPTION	AMOUNT
ADMIN COSTS	152
BANK FEES	48
COUNCIL DUES	75
HEALTH & SAFETY	0
LIABILITY INSURANCE	555
MEMBERSHIP	40
TOTAL	870

FORM 990EZ, PART II, LINE 26 OTHER LIABILITIES SCHEDULE 3

	BEGINNING	
DESCRIPTION	OF YEAR	END OF YEAR
ACCOUNTS PAYABLE AND ACCRUED	686	
TOTAL	686	