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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

2009

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

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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 from 990-EZ for from 990 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 \$500,000 or more, file Form 990 \$ \$ \$ \$ 1, 1 Part Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) 1 Contributions, grifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5 a Gross amount from sale of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) from sale dasset other than inventory (bubtard in 5b from In 5a) 6 Special events and advintes (complete applicable parts of Schedule 6). If any amount is from gaming, check here or Reported on line 1) b Less direct expenses other than fundraising expenses c Net income or (loss) from special events and advitives (Subtract line 6b from line 6a) 7 a 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 6b from line 7a) 8 Other revenue (describe > See Statement 1 9 Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 9 1, 2 9 Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 9 19 Net assets or fund balances at beginning of year (from line 9) 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 19 Responses. Add lines 10 through 16 19 Responses net assets or fund balances at learning the same of the organization of the represes (describe > See Statement 2 10 Other changes in net assets or fund balances (attach explanation) 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at learn of year (from line 9) 22 Cash, savings, and investments 23 Land and buildings 24 Other asset	J Ta			only one) - X = 501(c) (3)	✓ (insert no.)	4947(a)(1) or	527	990-EZ, or	990-PF)		
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12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 13 14 15 15 1,0 16 2010 16 2010 16 2010 17 18 2010 201	\rightarrow									- +	34,658
12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 13 14 15 15 1,0 16 2010 16 2010 16 2010 17 18 2010 201				• •	edule)	550	SEIVE!	$f \in G$	_		
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16 Other expenses (describe See Statement 2 17 Total expenses. Add lines 10 through 16 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 22 Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ (See the instructions for Part II) (A) Beginning of year (B) End of year Control assets (describe P) 23 Land and buildings 24 Other assets (describe P) 25 Total assets 27,074 . 25 26,5 26 Total liabilities (describe P) 30 . 26	χİ	12 Salaries,	other c	compensation, and employee	benefits	1		181	_		
16 Other expenses (describe See Statement 2 17 Total expenses. Add lines 10 through 16 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 22 Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ (See the instructions for Part II) (A) Beginning of year (B) End of year Control assets (describe P) 23 Land and buildings 24 Other assets (describe P) 25 Total assets 27,074 . 25 26,5 26 Total liabilities (describe P) 30 . 26	Ë	13 Profession	onal fee	s and other payments to inde	pendent contr	actors \	1 6 20	10 121	Ľ	13	
16 Other expenses (describe See Statement 2 17 Total expenses. Add lines 10 through 16 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 22 Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ (See the instructions for Part II) (A) Beginning of year (B) End of year Control assets (describe P) 23 Land and buildings 24 Other assets (describe P) 25 Total assets 27,074 . 25 26,5 26 Total liabilities (describe P) 30 . 26	SI	14 Occupan	cy, rent	, utilities, and maintenance		181 NAN	1020	181	L	14	
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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 Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ (See the instructions for Part II) (A) Beginning of year (B) End of year Combine lines 18 through 20 Cash, savings, and investments 23,074. 22 26,5 24 Other assets (describe >) Total assets 7 Total assets 7 Total liabilities (describe >) 18 3,4 3,4 3,4 4	- [16 Other exper	nses (desc	cribe - See Statement	2	OG	INFN.	UI) [16	30,132
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 Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ (See the instructions for Part II) (A) Beginning of year (B) End of year Cash, savings, and investments 23 Land and buildings Other assets (describe >) Total assets 7 Total assets 7 Total liabilities (describe >) 19 23,074 20		17 Total exp	penses.	Add lines 10 through 16		00			~ ► [·	17	31,170
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figure reported on prior year's return) Other changes in net assets or fund balances (attach explanation) Net assets or fund balances at end of year Combine lines 18 through 20 Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ (See the instructions for Part II) (A) Beginning of year (B) End of year 23,074. 22 26,5 23 Land and buildings 24 Other assets (describe >) 24 25 Total assets Total liabilities (describe >) 0. 26	. A	19 Net asse	ts or fu	nd balances at beginning of v	ear (from line	27 column (Δ))	(must agr	ee with end-	of vear		
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Part IIBalance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ(See the instructions for Part II)(A) Beginning of year(B) End of year22 Cash, savings, and investments23,074. 2226,523 Land and buildings2324 Other assets (describe ►)2425 Total assets23,074. 2526,526 Total liabilities (describe ►)0. 26	7 5	20 Other ch	anges ii	n net assets or fund balances	s (attach expla	nation)			\ \frac{1}{2}	20	
(See the instructions for Part II) 22 Cash, savings, and investments 23 Land and buildings 24 Other assets (describe ► 25 Total assets 26 Total liabilities (describe ► 20 (A) Beginning of year (B) End of year 22 26, 5 23 24 25 24 25 26, 5 24 25 Total liabilities (describe ► 26 (B) End of year 22 26, 5 27 26 (B) End of year 27 28 28 28 28 29 20 20 20 20 20 20 20 20 20 20 20 20 20	3	21 Net asse	ts or fu	nd balances at end of year C	Combine lines	18 through 20			▶[;	21	26,556
(See the instructions for Part II) 22 Cash, savings, and investments 23 Land and buildings 24 Other assets (describe ► 25 Total assets 26 Total liabilities (describe ► 20 (A) Beginning of year (B) End of year 22 26, 5 23 24 25 24 25 26, 5 24 25 Total liabilities (describe ► 26 (B) End of year 22 26, 5 27 26 (B) End of year 27 28 28 28 28 29 20 20 20 20 20 20 20 20 20 20 20 20 20	Par						00 or more	, file Form 9	90 instea	d of F	
22 Cash, savings, and investments 23,074. 22 26,5 23 Land and buildings 23 24 Other assets (describe ►) 25 Total assets 23,074. 25 26,5 26 Total liabilities (describe ►) 0 . 26							Ī				(B) End of year
23 24 Other assets (describe ►) 24 25 Total assets 23,074. 25 26,5 26 Total liabilities (describe ►) 0. 26	22	Cash, saving	ıs, and ı	•	,		۲				26,55
24 Other assets (describe ►) 24 25 Total assets 23,074. 25 26,5 26 Total liabilities (describe ►) 0. 26							-		., .		
25 Total assets 23,074. 25 26,5 26 Total liabilities (describe ►) 0. 26			_	he ►)	F				 ~
26 Total liabilities (describe ►) 0. 26						/	}-	23	074		26,55
				cribe ►		`	-				20,33
					D) much assist	/ th. lun = .013	-	25		27	26,55

Par	福川震 Statement of Program Ser	<u>vice Accomplishments</u>	(See the instruction	ns.)		Expenses
What I	s the organization's primary exempt purpose? See	Statement 3			(Regu	uired for section)(3) and (4) iizations and section (a)(1) trusts, optional
Desc	ribe what was achieved in carrying out the ribe the services provided, the number of	e organization's exempt purp	oses In a clear and co	ncise manner,	organ	izations and section
desci	ribe the services provided, the number of ram title	persons benefited, or other r	elevant information for	each	4947((a)(1) trusts, optional hers)
<u> </u>		nuncuum fan atuda			101 01	11013)
20	Support public education	programs for scude	IILS.			
					1	
	(Grants \$) If th	is amount includes foreign gr	ants, check here	▶	28 a	19,927.
29	Art LiteracySupport and	enhance art educa	tion for the st	tudents.		
					 	
				<u>-</u> -	00.	2 242
		is amount includes foreign gr			29 a	3,242.
30	Assemblies and Family Nig			orograms	!	
	and increase parent invol	<u>vement in childhoo</u>	d education.		1 1	
	(Grants \$) If th	is amount includes foreign gr	ants, check here		30 a	2,074.
31	Other program services (attach schedule	e) See Statement 4				
	(Grants \$) If th	is amount includes foreign gr	ants, check here	▶ □	31 a	1,476.
32	Total program service expenses (add lii				32	26,719.
	List of Officers, Directors,		plovees. List each on	e even if not con	nensa	
7. 5.44	<u> </u>	(b) Title and average hours		(d) Contributions		(e) Expense account
	(a) Name and address	per week devoted	not paid, enter -0)	employee benefit pla	ns and	and other allowances
		to position		deferred compensa	ation	-
Sus	sanne Howard	President	0.		0.	0.
197	0 NW Garris Lane	10.00				
McN	Minnville, OR 97128					1:
	vla Clevenger	Vice President	0.		0.	0.
					Ο.	0.
	100 SW High Hawk Road	1.00				
	Minnville, OR 97128					
	zabeth Wilson	Vice President	0.		0.	0.
_174	50 SW Oldsville Road	1.00				
McN	Minnville, OR 97128					
	Conover	Treasurer	0.		0.	0.
	Box 842	3.00				
	Minnville, OR 97128	3.00				
_						
	oin Spencer	Secretary			0.	0.
	000 NW Berry Creek Road	1.00				
McN	Minnville, OR 97128					
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Form 990-EZ (2009) PTA Memorial

20-2741951

Page 2

Form 990-EZ (2009) PTA Memorial	20-274195			age 3
Part V (Other Information (Note the statement requirements in the instrs for Part	V.) See Sta	<u>ateme</u>		
•			Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a deeach activity	etailed description of	33		X
34 Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed of	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 attach a statement explaining why the organization did not report the income on Form 990-T.	reported on Form 990-T,			
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to reporting, and proxy tax requirements?	section 6033(e) notice	35a		Х
b If 'Yes,' has it filed a tax return on Form 990-T for this year?		35 b		
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of ne year? If 'Yes,' complete applicable parts of Schedule N	t assets during the	36		<u>X</u>
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?	0.	37 b	` <u></u>	X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key emplany such loans made in a prior year and still outstanding at the end of the period covered by this	oyee or were return?	38 a		<u>X</u> _
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b	N/A	120	1 /2 2 /3 2 /3 3 /3	
39 Section 501(c)(7) organizations Enter		200	27.00	****
a Initiation fees and capital contributions included on line 9	N/A	-17000000000000000000000000000000000000	133	
b Gross receipts, included on line 9, for public use of club facilities. 39b		4		
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year section 4911 ► 0.; section 4915 ►	under:	100	X.	, *
		Kii		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 extransaction during the year or is it aware that it engaged in an excess benefit transaction with a diprior year, and that the transaction has not been reported on any of the organization's prior Forms 'Yes,' complete Schedule L, Part I	isqualified person in a	40 b		X_
c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ►	0.	i, *	1	A sigil
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. ▶	0.			3
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		40 e		X
41 List the states with which a copy of this return is filed ► None		•		
42a The organization's books are in care of ► Amy Conover	Telephone no ► (503)	125	_ 220	۱7
Located at ► PO Box 842 McMinnville OR	ZIP + 4 ► 97128		_ 000	<u>'</u>
b At any time during the calendar year, did the organization have an interest in or a signature or oth financial account in a foreign country (such as a bank account, securities account, or other financial	ner authority over a ial account)?	42b	Yes	No X
If 'Yes,' enter the name of the foreign country			3	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
			;, ^	3. 4.
		10 30	.1.	ijβ.
See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of a Foreign Bank and Financial	Accounts		• 4.1 • 7.6	
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	Accounts	42 c	الشنف	X
If 'Yes,' enter the name of the foreign country		420	L	
				
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check	here		▶ □	N/A
and enter the amount of tax-exempt interest received or accrued during the tax year	► 43		ل_ا	N/A
	L.,			7
AA O 111			Yes	No
44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed ins of Form 990-EZ		44	<u> </u>	X_
45 Is any related organization a controlled entity of the organization within the meaning of section 51 Form 990 must be completed instead of Form 990-EZ	12(b)(13)? If 'Yes,'	45		_ X_
RAA TEEA08121 01/20110	E,	orm 99	0.F7	(2009)

Form 990-E	Z (2009) PTA Memorial			20-2741	951	P	age 4
Part VI.	Section 501(c)(3) organizations 501(c)(3) organizations and sec 46-49b and complete the tables	tion 4947(a)(1) no	nexempt charitable	charitable trusts onle trusts must answer	y. All se questio	ction ns	
46 Did th	oe organization engage in direct or indirec	t political campaign as	ctuaties on hehalf of or	r in conception to candidate	29	Yes	No
for pu	ne organization engage in direct or indirect ablic office? If 'Yes,' complete Schedule C	c, Part I	Clivities on benan or of	in opposition to candidate	46		X
47 Did th	ne organization engage in lobbying activit	es? If 'Yes,' complete	Schedule C, Part II		47		X
	organization a school as described in se	(/ (/ (/ (/	•	edule E	48		X
	ne organization make any transfers to an	•	related organization?		49a 49b		<u>X</u>
	s,' was the related organization a section	-				I	
50 Comp	plete this table for the organization's five loyees) who each received more than \$10	highest compensated on 000 of compensation	employees (other than from the organization	officers, directors, trustee If there is none, enter 'N	s and key one '		
	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 and deferred compensation	(e) Ex	pense nt and owances	
None							
					_ _		
f Total	number of other employees paid over \$1	00.000					
51 Comp	plete this table for the organization's five pensation from the organization. If there is	highest compensated	ndependent contracto	rs who each received more	e than \$10	000,00	of
	erisation from the organization in there is	s none, enter None					
X	(a) Name and address of each independent contr	actor paid more than \$100,00	0	(b) Type of service	(c) Com	pensatio	n
None_							
					···		
d Total	number of other independent contractors	s each receiving over \$	5100,000	>			
	Under penalties of perjury, I declare that I have examinue, correct and complete Declaration of preparer (nined this return, including according than officer) is based on	ompanying schedules and sta all information of which prep	nterments, and to the best of my knowledge	owledge and t	pelief, it	ıs
C!	\ \/\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \			11/-10-1	/)		
Sign Here	Signature of direct			Date	<i>U</i>		
11010	Twyka Clevenger			Vice President			
	Type or print name and title						
Paid	Preparer's	A A	Pate 10		eparer's Ident	ifying Nu	umber
Palu Pre-	signature /	4/1	Wy 11/9	self- employed ► X			
parer's	Firm's name (or Cherina D.K. Ha. yours if self-	- 	· · · · · · · · · · · · · · · · · · ·		-		
Use Only	employed). 301 NW 18th Pla				20-038		
	ZIP + 4 McMinnville, OR RS discuss this return with the preparer sh		uctions	Phone no ► (503	3) 434- ►X Ye	976	/ No
BAA	to discuss this return with the preparer Si	iomii above. See iiisti	uctions		Form 99		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

OMB No 1545-0047

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

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

Open to Public Inspection

Employer identification number

	Memorial							20-27			
Part			s (All organizations					See in	structi	ons	
The or	_		se it is (For lines 1 thro	-		-					
1	⊢		ociation of churches desc		section	170(b)(1)(A)(i).	•			
2	_		A)(ii). (Attach Schedule E	-							
3			e organization described								
4		-	d in conjunction with a h	ospital d	describe	d in sec	tion 170	0(b)(1)(A	(iii) En	ter the hospi	tal's
5	name, city, and sta An organization op 170(b)(1)(A)(iv). (0	erated for the benefit	of a college or university	owned	or opera	ated by	a gover	nmental	unit des	cribed in sec	ction
6 7	A federal, state, or	local government or	governmental unit descri substantial part of its su					t or from	the gen	eral public d	escribed
8			art ii <i>)</i> I 70(b)(1)(A)(vi). (Comple	to Part I	1.5						
9	An organization that from activities relate investment income	normally receives (1) to its exempt function	more than 33-1/3 % of its s is – subject to certain excess iss taxable income (less	support f	rom cont	o more t	han 33-1	1/3 % of	its suppo	ort from gross	on after
10	An organization or	ganized and operated	exclusively to test for pu	ublic safe	ety See	section	509(a)	(4).			
11	more publicly supp describes the type	orted organizations of of supporting organiz	exclusively for the beneficial exclusively for the beneficial exclusively exclusive exclusiv	a)(1) or s 11e thi	section rough 11	509(a)(2 Ih	?) See	of, or car section !	ry out th 509(a)(3)). Check the	box that
	a ∐Type I	b Type II		l – Fund	-	_			d 📗	Type III- O	
e	By checking this be than foundation mass 509(a)(2)	ox, I certify that the or anagers and other tha	ganization is not control n one or more publicly s	led direc upportec	tly or in d organi	directly zations (by one describe	or more ed in sec	disquali tion 509	fied persons (a)(1) or sec	other tion
f	. , , ,	received a written det	ermination from the IRS	that is a	a Type I	, Type II	or Typ	e III sup	porting o	organization,	
g	Since August 17, 2	2006, has the organiza	ition accepted any gift o	r contrib	oution fro	om any	of the f	ollowing	persons	.7	
										\	res No
	(i) a person who	o directly or indirectly everning body of the s	controls, either alone or upported organization?	together	with pe	ersons d	escribe	d in (ii) a	and (III)	11 g (i)	
	-	nber of a person desc								11g (ii)	
	•	•	described in (i) or (ii) a	bove?						11 g (iii)	-
h	, ,	• •	the supported organization							[· · ·] (···/	
	(i) Name of Supported Organization	(II) EIN	(III) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organizat (i) lister gove	Is the tion in cold in your erning ment?	the organ	ou notify ization in (i) of upport?	(vi) is organizati (i) organiz U S	on in col I	(vii) Amount o	of Support
			1.0	Yes	No	Yes	No	Yes	No		
		·		ļ							
				ļ	 						
		-		-	 	 	ļ				
		<u> </u>									
				. (3)		1 4	17/2				
Total			IVII Y SU JU	1 7/ :	1-1-1	17.17	To 1		***		

Sche	<u>dule A</u> (Form 990 or 990-EZ) 200	9 PTA Memo	rial			20-2741		
Parl	II. Support Schedule for	Organizations	Described in	Sections 170(b)(1)(A)(iv) an	d 170(b)(1)	<u>(A)(</u>	vi)
	(Complete only if you check	_						
Sect	ion A. Public Support							
begir	dar year (or fiscal year ning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009		(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')	71,387.	66,399.	64,966.	50,660.			253,412.
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf							0.
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.							0.
4	Total. Add lines 1-through 3	71,387.	66,399.	64,966.	50,660.		0.	253,412.
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)							0.
6	Public support. Subtract line 5 from line 4							253,412.
Sec	tion B. Total Support							
Cale: begi	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	,	(f) Total
7	Amounts from line 4	71,387.	66,399.	64,966.	50,660.		0.	253,412.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	130.	580.	2,014.	106.			2,830.
9	Net income from unrelated business activities, whether or not the business is regularly carried on							0.
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)							0.
11	Total support. Add lines 7 through 10					64. 		256,242.
12	Gross receipts from related activ	vities, etc (see in	structions)			1	12	0.
13	First five years. If the Form 990 organization, check this box and		ation's first, seco	nd, third, fourth,	or fifth tax year a	s a section 5	01(c)	(3) ► X
Sec	tion C. Computation of Pu							
14	Public support percentage for 2		-	ne 11, column (f)		ļ	14	%
15	Public support percentage from	2008 Schedule A	, Part II, line 14			L	15	%
16 a	33-1/3 support test — 2009. If the and stop here. The organization	ie organization did i qualifies as a pu	d not check the boblicly supported o	ox on line 13, an organization.	d the line 14 is 33	3-1/3 % or mo	ore, c	heck this box ►
t	33-1/3 support test - 2008. If the and stop here. The organization	e organization did qualifies as a pu	d not check a box blicly supported o	on line 13, or 16 organization	a, and line 15 is 3	33-1/3% or m	ore, c	check this box
17 a	10%-facts-and-circumstances to or more, and if the organization the organization meets the 'fact	meets the 'facts-	and-circumstance	es' test, check this	s box and stop he	re. Explain ir	า Part	t IV how
	o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-are Private foundation. If the organization organization organization organization organization.	meets the 'facts- nd-circumstances'	and-circumstance test The organ	es' test, check this ization qualifies a	s box and stop he as a publicly supp a, or 17b, check t	ere. Explain in orted organize this box and	n Part ation see in	t IV how the ►
					0.		•	: ::: ==, ==00

Schedule A (Form 990 or 990-EZ) 2009 PTA Memorial 20-2741951 Page 3 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 (a) 2005 (d) 2008 Calendar year (or fiscal yr beginning in) **(b)** 2006 (c) 2007 (e) 2009 (f) Total Gifts, grants, contributions and membership fees received (Do not include 'unusual grants') Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business 3 under section 513 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 6 Total. Add lines 1 through 5 7a Amounts included on lines 1. 2, 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the c Add lines 7a and 7b and the same of 8 Public support (Subtract line Markey" General 7c from line 6) Section B. Total Support Calendar year (or fiscal yr beginning in) (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 9 Amounts from line 6. 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included inline 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 Ins 9, 10c, 11, and 12) **4** 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 Section C. Computation of Public Support Percentage 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 15 % 16 Public support percentage from 2008 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)).

18 Investment income percentage from 2008 Schedule A, Part III, line 17

19a 33-1/3 support tests — 2009. 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	▶	Г
b 33-1/3 support tests - 2008. If the organization did not check a box on line 14 or 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

17

18

%

%

Schedule A	(Form 990 or 9	990-EZ) 2009	PTA I	Memoria	1			_	20-27	741951	Page 4
Part IV	Supplemen	tal Informa	tion. Co	mplete t	his par	rt to provi	de the	explanations r additional ir	required by	y Part II, line	e 10;
	Part II, line	17a or 17b	; and Pa	art [†] III, Iın	e 12. F	⊃rovide ar	ıy other	r additional ir	nformation.	See instruc	tions.
			-								
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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

2009



Name of the organization						Employer Identifica	
PTA Memorial Fundraising Activities. Comp	late of the area		annered N	(and the Form OOO Bort I	V line	20-274195	<u> </u>
Part Form 990EZ filers are not req	ured to comple	ete this pa	nswerea r rt	es to ronn 990, rant i	v, iiie	17	
1 Indicate whether the organization				owing activities Check	all that	apply	
Mail solicitations				Solicitation of non-			
Internet and email solicitations	=			Solicitation of gove			
H ' ' '	•			Special fundraising		-	
Phone solicitations					events		
In-person solicitations				-1 (1d.m. n. n. ff. n. nd.		trustono or kon	
2a Did the organization have written employees listed in Form 990, Par	or oral agreement t VII) or entity	ent with ar in connec	ny inaiviau tion with n	ai (including officers, di rofessional fundraising	service	, trustees or key _S ?	Yes No
b If 'Yes,' list the ten highest paid in							
compensated at least \$5,000 by the	ne organization	innes (iuni	iraisers) p	ursuant to agreements	under v	vilicit the fullura	iser is to be
	T	T			(v) A	mount paid to	
(i) Name of Individual	(ii) Activity		fundraiser	(iv) Gross receipts	Cor	retained by)	(vi) Amount paid to
or entity (fundraiser)	••		dy or control ibutions?	from activity	fundr	aiser listed in col (i)	(or retained by) organization
						COI (I)	organization
		Yes	No		1	'	
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Total			•		}		
3 List all states in which the organiz	ation is registe	ered or lice	ensed to so	olicit funds or has been	notified	tit is exempt fro	om registration
or licensing	g						• · · · · · · · · · · · · · · · · · · ·
						. – – – – – –	
						. – – – – – –	

rar,	Ţ. II.,	Fundraising Events. Complete if reported more than \$15,000 on F	the organization at orm 990-EZ, line 6	nswered 'Yes' to Fo a. List events with (rm 990, Part IV, li gross receipts grea	ne 18, or ater than \$5,000.
RE			(a) Event #1 Jog A Thon (event type)	(b) Event #2 Cookie Dough S (event type)	(c) Other Events 2 (total number)	(d) Total Events (Add col (a) through col (c))
ポートリー・	1	Gross receipts	10,640.	10,327.	16,032.	36,999.
E	2	Less Charitable contributions				
	3		10,640.	10,327.	16,032.	36,999.
	4	Cash prizes				
	5	Noncash prizes				
DIRECT	6	Rent/facility costs				_
	7	Food and beverages				
E X P	8	Entertainment				
EXPENSES	9	Other direct expenses	208.	5,155.	4,969.	10,332
Š		Direct expense summary Add lines 4- t	- ''		•	10,332
Pai		Net income summary Combine lines 3, Gaming. Complete if the organiz		s' to Form 990 Par	rt IV line 19 or re	26,667.
		\$15,000 on Form 990-EZ, line 6a	allon answered Te			ported more than
REVENUE	ļ		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
U E	1	Gross revenue				
DIRENSES	2	Cash prizes				
E N C S T E	3	Non-cash prizes				
S	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes%	Yes%	Yes%	
	7	Direct expense summary Add lines 2 th	rough 5 in column (d)	11. 1 ***	<u> </u>	
	8	Net gaming income summary Combine	lines 1, column (d) and	l line 7	•	
_						YES NO
9		er the state(s) in which the organization o he organization licensed to operate gamin				9a
		lo,' explain	3			4 4
				- 		
		re any of the organization's gaming licens	es revoked, suspended	or terminated during th	e tax year?	10a
	b If '\ 	'es,' explain.				
11	– – Doe	es the organization operate gaming activiti	es with nonmembers?			11
12	ls t	he organization a grantor, beneficiary or ti		ember of a partnership	or other entity formed	to is a
BAA		ninister charitable gaming?	TFFA3702I	02/05/10	Schedule G (Fo	12 12

Schedule G (Form 990 or 990-EZ) 2009 PTA Memorial	20-2741951	F	age 3
		YES	NO
13. Indicate the percentage of gaming activity operated in.	1,4		
a The organization's facility	13a <u>%</u>	, , , , , , , , , , , , , , , , , , ,	.
b An outside facility	13b %	1	
14 Enter the name and address of the person who prepares the organization	n's gaming/special events books and records		() () () () () () () () () ()
Name ►			
			
Address •		.,,	,
		<u></u>	
15a Does the organization have a contact with a third party from whom the organization	ganization receives gaming revenue?	5a	
b If 'Yes,' enter the amount of gaming revenue received by the organization	n \$ and the amount		
of gaming revenue retained by the third party \$		İ	*
c If 'Yes,' enter name and address of the third party.	4	<u>.</u>	
Name •	* .	3 3	
Address			
16 Gaming manager information			
Name: •	<u> </u>		[7]
	(v)		
Gaming manager compensation ► \$		102	· ' "
Description of services provided:			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
			4
Director/officer Employee Inde	ependent contractor		
17 Mandatory distributions .			8 5 12 5 98 12
a Is the organization required under state law to make charitable distribution	ons from the gaming proceeds to retain the		
a Is the organization required under state law to make charitable distributio state gaming license?		7a	<u> </u>
b Enter the amount of distributions required under state law to be distribute	ed to other exempt organizations or spent in the		,
organization's own exempt activities during the tax year ►\$. <u> </u>	<u> </u>	
BAA TEEA3703L 02/05/1	Schedule G (Form 990 or	r 990-EZ	2009

009 .	Federal Statements	P	age 1
, 	PTA Memorial	20-2	274195
Statement 1 Form 990-EZ, Part I, Line 8 Other Revenue Miscellaneous Income		Total \$ 1,	260. 260.
Statement 2 Form 990-EZ, Part I, Line 16 Other Expenses Advertising and Promotion Dues Office Expenses Professional Fees Supplies Travel		4, 20, 2,	754. 747. 912. 344. 286. 089.
Statement 3 Form 990-EZ, Part III Organization's Primary Exempt F	_		
Support of Public Education Statement 4 Form 990-EZ, Part III, Line 31 Statement of Program Service A	on programs for kids.		
Support of Public Education Statement 4 Form 990-EZ, Part III, Line 31 Statement of Program Service A	ccomplishments	Progr Servi Grants Expen	ice
Statement 4 Form 990-EZ, Part III, Line 31 Statement of Program Service A	on programs for kids.	Servi	ice
Statement 4 Form 990-EZ, Part III, Line 31 Statement of Program Service Address School Clubsprovide explore specialized interesphysical education.	ccomplishments escription de opportunities for students to ests in arts, science, math, and	Servi	ce ses 427
Statement 4 Form 990-EZ, Part III, Line 31 Statement of Program Service Address School Clubsprovide explore specialized interesphysical education. Roots & Shootssupport enfor students.	ccomplishments escription de opportunities for students to ests in arts, science, math, and Includes Foreign Grants: No	Servi	ce ses
Statement 4 Form 990-EZ, Part III, Line 31 Statement of Program Service Address Statement of Program Service Address Statement of Program Service Address School Clubsprovide explore specialized interesphysical education. Roots & Shootssupport enfor students. Survival Swimsupport phyand teach water safety.	ccomplishments escription de opportunities for students to ests in arts, science, math, and	Servi	427 354

2009	Federal Statements	Page 2
	PTA Memorial	20-2741951
Form 990-	# 4 (continued) EZ, Part III, Line 31 t of Program Service Accomplishments Description	Program Service Expenses 1,476.
l		
Statement Form 990- Regarding	t 5 EZ, Part V g Transfers Associated with Personal Benefit Contracts	
indirect (b) Did	the organization, during the year, receive any funds, directly or ly, to pay premiums on a personal benefit contract? In the organization, during the year, pay premiums, directly or ly, on a personal benefit contract?	No No