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# Short Form Return of Organization Exempt From Income Tax

**2009**

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**

**A For the 2009 calendar year, or tax year beginning** 07-01, 2009, and ending 06-30, 2010

<b>B</b> Check if applicable:		<b>C Name of organization</b>	<b>D Employer identification number</b>
<input type="checkbox"/> Address change	Please use IRS label or print or type. See Specific Instructions.	<b>SOUTHVIEW ELEMENTARY SCHOOL PTO</b>	<b>43-1898193</b>
<input type="checkbox"/> Name change		Number and street (or P O box, if mail is not delivered to street address)	Room/suite
<input type="checkbox"/> Initial return		<b>7 S CAMPUS ST</b>	
<input type="checkbox"/> Terminated		City or town, state or country, and ZIP + 4	
<input type="checkbox"/> Amended return		<b>KEARNEY, MO 64060</b>	
<input type="checkbox"/> Application pending			<b>E Telephone number</b> <b>(816) 628-0078</b>
			<b>F Group Exemption Number</b> ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**G Accounting Method**  Cash  Accrual  
Other (specify) ▶

**I Website:** ▶

**J Tax-exempt status** (check only one) -  501(c)(3) ◀ (insert no)  4947(a)(1) or  527

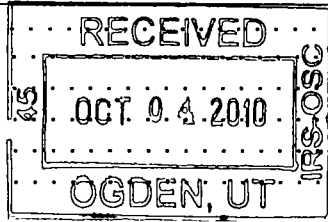
**H Check**  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

**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 Form 990-EZ or Form 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 instead of Form 990-EZ** ▶ \$ **37,507**

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

	1 Contributions, gifts, grants, and similar amounts received		
	2 Program service revenue including government fees and contracts		
	3 Membership dues and assessments		770
	4 Investment income		
	5a Gross amount from sale of assets other than inventory	5a	
	b Less cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
	a Gross revenue (not including \$ of contributions reported on line 1)	6a	27,397
	b Less direct expenses other than fundraising expenses	6b	3,877
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	23,520
	7a Gross sales of inventory, less returns and allowances	7a	9,340
	b Less cost of goods sold	7b	7,152
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	2,188
	8 Other revenue (describe ▶ )	8	
	<b>9 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	<b>26,478</b>
R e v e n u e	10 Grants and similar amounts paid (attach schedule)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	
	14 Occupancy, rent, utilities, and maintenance	14	695
	15 Printing, publications, postage, and shipping	15	55
	16 Other expenses (describe ▶ <u>STM130</u> )	16	32,649
	<b>17 Total expenses.</b> Add lines 10 through 16	17	<b>33,399</b>
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	(6,921)
A s s e t s	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)	19	17,895
	20 Other changes in net assets or fund balances (attach explanation)	20	
	<b>21 Net assets or fund balances at end of year.</b> Combine lines 18 through 20	21	<b>10,974</b>



**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
<b>22</b>	Cash, savings, and investments	17,895	<b>22</b> 10,974
<b>23</b>	Land and buildings		<b>23</b>
<b>24</b>	Other assets (describe ▶ )		<b>24</b>
<b>25</b>	<b>Total assets</b>	17,895	<b>25</b> 10,974
<b>26</b>	<b>Total liabilities</b> (describe ▶ )		<b>26</b>
<b>27</b>	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	17,895	<b>27</b> 10,974

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Part III Statement of Program Service Accomplishments (See the instructions for Part III)

Expenses

What is the organization's primary exempt purpose? PARENT TEACHER ORGANIZATION
Describe what was achieved in carrying out the organization's exempt purposes In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

Table with 3 columns: Line number (28-32), Description, Amount. Includes: 28 DONATE EQUIPMENT AND SUPPLIES TO THE SCHOOL; 29; 30; 31 Other program services (attach schedule); 32 Total program service expenses (add lines 28a through 31a) totaling 32,649.

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)

Table with 5 columns: (a) Name and address; (b) Title and average hours per week devoted to position; (c) Compensation (If not paid, enter -0-); (d) Contributions to employee benefit plans & deferred compensation; (e) Expense account and other allowances. Includes entry for KRISTY SCHEEL, TREASURER, 5 hours per week, 0 compensation, 0 in benefits, 0 in expenses.

Part V 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 . . . . .		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes . . . . .		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.		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? . . . . .		X
b	If "Yes," has it filed a tax return on Form 990-T for this year? . . . . .		
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 . . . . .		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions . . . . .		
b	Did the organization file Form 1120-POL for this year? . . . . .		X
38 a	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 outstanding at the end of the period covered by this return? . . . . .		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .		
39	Section 501(c)(7) organizations Enter:		
a	Initiation fees and capital contributions included on line 9 . . . . .		
b	Gross receipts, included on line 9, for public use of club facilities . . . . .		
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 ▶ _____		
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit 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 . . . . .		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 . . . . .		
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 . . . . .		X
41	List the states with which a copy of this return is filed ▶ _____		
42 a	The organization's books are in care of ▶ KRISTY SCHEEL Telephone no ▶ 816-628-0078 Located at ▶ 1709 JORDAN DRIVE KEARNEY, MO ZIP + 4 ▶ 64060		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .	Yes	No
	If "Yes," enter the name of the foreign country ▶ _____		X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? . . . . .		X
	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		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .		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 . . . . .		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section

501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51

Table with 3 columns: Question number, Yes, No. Rows 46-49b.

Table for line 50: Complete this table for the organization's five highest compensated employees. Columns: (a) Name and address, (b) Title and average hours, (c) Compensation, (d) Contributions to employee benefit plans, (e) Expense account and other allowances.

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization

Table for line 51: Complete this table for the organization's five highest compensated independent contractors. Columns: (a) Name and address, (b) Type of service, (c) Compensation.

d Total number of other independent contractors each receiving over \$100,000

Sign Here: Under penalties of perjury, I declare that I have examined this return... Signature of officer: Kristy S. Scheel, Date: 9-30-10, Type or print name and title: Kristy S. Scheel

Paid Preparer's Use Only: Preparer's signature: [Signature], Date: 09-29-2010, Check if self-employed: [ ], Preparer's Identifying No: [ ], Firm's name: MEYER ACCOUNTING AND TAX, address: 205 N Jefferson, KEARNEY, MO 64060, Phone no: 816-628-4258

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

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2009

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

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

Name of the organization: SOUTHVIEW ELEMENTARY SCHOOL PTO; Employer identification number: 43-1898193

Part I Reason for Public Charity Status (All organizations must complete this part) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii).
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).
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 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).
8 A community trust described in section 170(b)(1)(A)(vi).
9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions...
10 An organization organized and operated exclusively to test for public safety.
11 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...

e 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)

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(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?

Table with 2 columns: Yes, No and 3 rows: 11g(i), 11g(ii), 11g(iii)

h Provide the following information about the supported organization(s)

Table with 7 main columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization in col (i) listed in your governing document?, (v) Did you notify the organization in col (i) of your support?, (vi) Is the organization in col (i) organized in the US?, (vii) Amount of support. Includes a Total row.

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I)

Section A. Public Support

Table with 7 columns: (a) 2005, (b) 2006, (c) 2007, (d) 2008, (e) 2009, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2005, (b) 2006, (c) 2007, (d) 2008, (e) 2009, (f) Total. Rows include: 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; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc; 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Description. Rows include: 14 Public support percentage for 2009; 15 Public support percentage from 2008 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2009; 16b 33 1/3% support test - 2008; 17a 10%-facts-and-circumstances test - 2009; 17b 10%-facts-and-circumstances test - 2008; 18 Private foundation.

## Federal Supporting Statements

2009

Name(s) as shown on return

FEIN

Form 990EZ, Part I, Line 16  
Other Expenses Schedule 2

<u>Description</u>	<u>Amount</u>
STAFF APPRECIATION	1,301
ARTS PARTNERS	2,734
BACK TO SCHOOL	238
FIELD TRIPS	1,594
FIELD DAY	500
GRANDPARENTS DAY	421
KNDGRTN BOOKS	2,155
AWARDS	88
MOVIE NIGHTS	845
MISC HOSPITALITY	1,049
PLAYGROUND EQUIPMENT	309
READING	617
TECHNOLOGY	20,698
MISCELLANEOUS	100
Total	<u>32,649</u>