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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.

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the **2009** calendar year, or tax year beginning **7/1/2009**, and ending **6/30/2010**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization Waldwick Junior School Parent School Organization		D Employer identification number 51-0188953
		Number and street (or P O box, if mail is not delivered to street address) Room/suite		E Telephone number (201) 652-9000
		155 Wyckoff Avenue		F Group Exemption Number ▶
City, town, or country State ZIP + 4				
Waldwick NJ 07463				

• **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: ▶ <http://www.waldwick.k12.nj.us/waldwick/Middle%20School/PSO/>

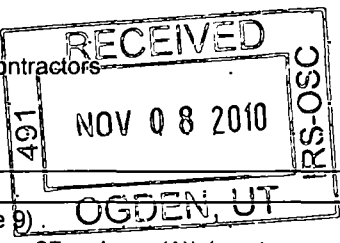
J Tax-exempt status (check only one)— 501(c) (4) ◀ (insert no) 4947(a)(1) or 527

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 ▶ \$ **25,587**

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

Revenue	1 Contributions, gifts, grants, and similar amounts received	1			0
	2 Program service revenue including government fees and contracts	2			
	3 Membership dues and assessments	3			3,900
	4 Investment income	4			0
	5a Gross amount from sale of assets other than inventory	5a		0	
	b Less cost or other basis and sales expenses	5b		0	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c			0
	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 \$ 0 of contributions reported on line 1)	6a		15,744	
b Less direct expenses other than fundraising expenses	6b		8,486		
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c			7,258	
7a Gross sales of inventory, less returns and allowances	7a				
b Less cost of goods sold	7b				
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c			0	
8 Other revenue (describe ▶ See Attached Statement)	8			5,943	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9			17,101	
Expenses	10 Grants and similar amounts paid (attach schedule)	10			0
	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			
	15 Printing, publications, postage, and shipping	15			488
	16 Other expenses (describe ▶ See Attached Statement)	16			8,452
17 Total expenses. Add lines 10 through 16	17			8,940	
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18			8,161	
Net Assets	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			4,702
	20 Other changes in net assets or fund balances (attach explanation)	20			0
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21			12,863



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
22 Cash, savings, and investments		4,702	12,863
23 Land and buildings			
24 Other assets (describe ▶)		0	0
25 Total assets		4,702	12,863
26 Total liabilities (describe ▶)		0	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)		4,702	12,863

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

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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
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. <input type="text" value="0"/>		
b	Did the organization file Form 1120-POL for this year?		X
38a	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 <input type="text" value="0"/>		
39	Section 501(c)(7) organizations Enter		
a	Initiation fees and capital contributions included on line 9 <input type="text"/>		
b	Gross receipts, included on line 9, for public use of club facilities <input type="text"/>		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 <input type="text"/> , section 4912 <input type="text"/> , section 4955 <input type="text"/>		
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 <input type="text" value="0"/>		
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization <input type="text" value="0"/>		
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 <input type="text" value="NJ"/>		
42a	The organization's books are in care of <input type="text" value="Waldwick Middle School"/> Telephone no <input type="text" value="(201) 652-9000"/> Located at <input type="text" value="155 Wyckoff Avenue"/> City <input type="text" value="Waldwick"/> ST <input type="text" value="NJ"/> ZIP + 4 <input type="text" value="07463"/>		
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)? If "Yes," enter the name of the foreign country <input type="text"/> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		X
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country <input type="text"/>		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="text" value="43"/> N/A		
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

- 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49 a Did the organization make any transfers to an exempt non-charitable related organization?
 b If "Yes," was the related organization a section 527 organization?
- 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

	Yes	No
46		
47		
48		
49a		
49b		

(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
Name None City ST ZIP	Title Hr/WK	00	0	0
Name City ST ZIP	Title Hr/WK	00	0	0
Name City ST ZIP	Title Hr/WK	00	0	0
Name City ST ZIP	Title Hr/WK	00	0	0
Name City ST ZIP	Title Hr/WK	00	0	0

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. If there is none, enter "None "

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Name None City ST ZIP		
Name City ST ZIP		
Name City ST ZIP		
Name City ST ZIP		
Name City ST ZIP		

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

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here
 Signature of officer: *Sheryl LaTorre* Date: 10/26/10
 Type or print name and title: Sheryl LaTorre President

Paid Preparer's Use Only
 Preparer's signature: Philip McGarrity Date: 10/24/2010 Check if self-employed:
 Firm's name (or yours if self-employed), address, and ZIP + 4: Philip C McGarrity, CPA, CMA 2 Durante Road, Waldwick, NJ 07463
 Preparer's identifying number (See instructions): 050-54-5703
 EIN: 05-0545703
 Phone no: (201) 783-4519

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

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a List events with gross receipts greater than \$5,000.

		(a) Event #1 <u>School Supplies</u> (event type)	(b) Event #2 <u>Market Day</u> (event type)	(c) Other events <u>5</u> (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	7,125	1,422	7,197	15,744
	2 Less Charitable contributions	0	0	0	0
	3 Gross income (line 1 minus line 2)	7,125	1,422	7,197	15,744
Direct Expenses	4 Cash prizes	0	0	0	0
	5 Noncash prizes	0	0	0	0
	6 Rent/facility costs	0	0	0	0
	7 Food and beverages	0	0	0	0
	8 Entertainment	0	0	0	0
	9 Other direct expenses	7,021	0	1,465	8,486
	10 Direct expense summary Add lines 4 through 9 in column (d)				(8,486)
11 Net income summary Combine line 3, column (d), and line 10				7,258	

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				0
Direct Expenses	2 Cash prizes				0
	3 Noncash prizes				0
	4 Rent/facility costs				0
	5 Other direct expenses				0
6 Volunteer labor	<input type="checkbox"/> Yes% <input type="checkbox"/> No	<input type="checkbox"/> Yes% <input type="checkbox"/> No	<input type="checkbox"/> Yes% <input type="checkbox"/> No		
7 Direct expense summary Add lines 2 through 5 in column (d)				(0)	
8 Net gaming income summary. Combine line 1, column d, and line 7				0	

		Yes	No
9	Enter the state(s) in which the organization operates gaming activities		
a	Is the organization licensed to operate gaming activities in each of these states?	9a	
b	If "No," explain		
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b	If "Yes," explain		
11	Does the organization operate gaming activities with nonmembers?	11	
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

		Yes	No
13 Indicate the percentage of gaming activity operated in	a The organization's facility		
	b An outside facility		
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records			
Name ▶ <u>Philip C. McGarrity, CPA, CMA</u>			
Address ▶ <u>2 Durante Road Waldwick, NJ 07463</u>			
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?			
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____			
c If "Yes," enter name and address of the third party			
Name ▶ _____			
Address ▶ _____			
16 Gaming manager information			
Name ▶ <u>Adele Badalamenti, Casino Night Chairperson</u>			
Gaming manager compensation ▶ \$ _____ 0			
Description of services provided ▶ <u>Organized and ran event with her committee</u>			
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor			
17 Mandatory distributions			
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?			
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____			

Part I, Line 8 (990-EZ) - Other Revenue

5,943

Description		Amount
1	Blue Moon Revenue	197
2	Dance Revenue	1,482
3	Eighth Grade Graduation Revenue	1,860
4	Student Pictures Revenue	1,547
5	Shopping Social Revenue	457
6	Village Grill Revenue	400
7		
8		
9		
10		

Part I, Line 16 (990-EZ) - Other Expenses

	8,452
1 Travel	300
2 Meals and entertainment	
3 Fundraising	
4 Amortization	0
5 Conferences, conventions, and meetings	
6 Depreciation	0
7 Depletion	
8 Equipment rental and maintenance	
9 Interest	
10 Supplies	37
11 Telephone	
12 Unrelated business income taxes	0
13 Eight Grade Graduation / Pool Party	4,071
14 Signs to Remind People to Vote	186
15 Credit Card Processing Fee	863
16 Dance Expenses	452
17 End of year gifts / dinner	98
18 Field Day	978
19 Fifth Grade Refreshments	38
20 Back to School Night	30
21 Math Fair	249
22 Bank Fee	20
23 NJ Taxes & Fees	60
24 Teacher Appreciation Breakfast	269
25 Movie / Fun Night Expenses	79
26 Sunshine	61
27 Character Education	58
28 Holiday Dinner/Gift	94
29 Holiday Shopping	59
30 Meeting Expense	307
31 Sean Fischer Memorial	68
32 Spelling Bee	75

Part II (Sch G (990/990EZ)) - Events

	Line 1	Line 2	Line 3	Line 4	Line 5	Line 6	Line 7	Line 8	Line 9
	Gross Receipts	Less (Charitable contributions)	Gross Income (line 1 minus line 2)	Cash Prizes	Noncash Prizes	Rent/Facility costs	Food and beverages	Entertainment	Other direct expenses
1	School Supplies		7,125						7,021
2	Market Day		1,422						0
3	Assignment Pads		410						523
4	School Spirit (Magnets, Bags, Sweatshirts, etc)		979						679
5	Physical Education Uniforms		5,300						
6	Poinsetta Sale		375						263
7	Raffle		133						
8			0						
9			0						
10			0						
11			0						
12			0						
13			0						
14			0						
15			0						
16			0						
17			0						
18			0						
19			0						
20			0						

15,744

0

15,744

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8,486