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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

2009

Open to Public
Inspection

A For the 2009 calendar year, or tax year beginning		7/1/2009	, and ending	6/30/2010
B Check if applicable		C Name of organization		D Employer identification number
<input type="checkbox"/>	Address change	POLENTA ELEMENTARY PTA		56-2274455
<input type="checkbox"/>	Name change	Number and street (or P O box, if mail is not delivered to street address)		E Telephone number
<input type="checkbox"/>	Initial return	105 JOSEPHINE RD		(919) 989-3051
<input type="checkbox"/>	Terminated	City, town, or country	State	ZIP + 4
<input type="checkbox"/>	Amended return	GARNER	NC	27529
F Group Exemption Number		G Accounting Method		<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ►

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

I Website: ►	H Check ► <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)
J Tax-exempt status (check only one) — <input checked="" type="checkbox"/> 501(c) (3) ► (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
K Check ► <input type="checkbox"/> 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	► \$ 116,182

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 20
	2 Program service revenue including government fees and contracts	2 4,942
	3 Membership dues and assessments	3 1,400
	4 Investment income	4
	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"/>	6
	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a 109,710
	b Less direct expenses other than fundraising expenses	6b 64,667
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c 45,043
	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
	8 Other revenue (describe ► See Attached Statement)	8 110
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9 51,515
Expenses	10 Grants and similar amounts paid (attach schedule)	10 24,611
	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	13 100
	14 Occupancy, rent, utilities, and maintenance	14
	15 Printing, publications, postage, and shipping	15 844
	16 Other expenses (describe ► See Attached Statement)	16 21,579
	17 Total expenses. Add lines 10 through 16	17 47,134
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 4,381
	19 Net assets or fund balances at beginning of year (from line 27 of column (A)) (must agree with end-of-year figure reported on prior year's return)	19 21,349
	20 Other changes in net assets or fund balances (attach explanation)	20
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21 25,730

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	21,349	22 25,730
23 Land and buildings		23
24 Other assets (describe ►)		24
25 Total assets	21,349	25 25,730
26 Total liabilities (describe ►)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	21,349	27 25,730

Part V Other Information (Note the statement requirements in the instructions for Part V)

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity. 33 Yes No

34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes. 34 Yes No

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. 35 Yes No

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? 35a Yes No

b If "Yes," has it filed a tax return on **Form 990-T** for this year? 35b Yes No

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 Yes No

37 a Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 37a Yes No

b Did the organization file **Form 1120-POL** for this year? 37b Yes No

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? 38a Yes No

b If "Yes," complete Schedule L, Part II and enter the total amount involved. 38b Yes No

39 Section 501(c)(7) organizations Enter.

a Initiation fees and capital contributions included on line 9 39a Yes No

b Gross receipts, included on line 9, for public use of club facilities 39b Yes No

40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ► 4911 Yes No, section 4912 ► 4912 Yes No; section 4955 ► 4955 Yes No

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. 40b Yes No

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. 40c Yes No

d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. 40d Yes No

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 Yes No

41 List the states with which a copy of this return is filed. ► 41 Yes No

42 a The organization's books are in care of ► MARJORIE DAVIS Telephone no ► (919) 973-0254
Located at ► 105 JOSEPHINE RD City GARNER ST NC ZIP + 4 ► 27529 42a Yes No

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: ► 42b Yes No
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.? If "Yes," enter the name of the foreign country: ► 42c Yes No

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 N/A

44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ 44 Yes No

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 Yes No

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 Yes No 46 X

47 Did 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)(ii)? If "Yes," complete Schedule E 48 X

49 a Did the organization make any transfers to an exempt non-charitable related organization? 49a X

b If "Yes," was the related organization a section 527 organization? 49b X

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" 50 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
Name None City _____ ST _____ ZIP _____	Title Hr/WK			
Name _____ City _____ ST _____ ZIP _____	Title Hr/WK			
Name _____ City _____ ST _____ ZIP _____	Title Hr/WK			
Name _____ City _____ ST _____ ZIP _____	Title Hr/WK			
Name _____ City _____ ST _____ ZIP _____	Title Hr/WK			
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" 51 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- <i>Mayori Jain Treasurer</i>	Date 11/15/10
	Type or print name and title Melody Cutler	
Paid Preparer's Use Only	Preparer's signature <i>Melody Cutler</i>	Date 11/15/2010
	Firm's name (or yours if self-employed), address, and ZIP + 4 <i>Number Crunchers, Inc</i>	Check if self-employed <input type="checkbox"/> EIN <input type="checkbox"/>
	1150 SE Maynard Rd., Ste 130, Cary, NC 27511	Phone no (919) 535-8403

May the IRS discuss this return with the preparer shown above? See instructions

Yes No

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

POLENTA ELEMENTARY PTA

Employer identification number

56-2274455

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). Enter the hospital's name, city, and state: _____
 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
 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). (Complete Part II.)
 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
 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—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III)
 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
 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 described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a Type I b Type II c Type III—Functionally integrated d Type III—Other

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?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(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 U.S?	(vii) Amount of support
				Yes	No		
Total							

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

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10						
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) organization, check this box and stop here						► <input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage from 2008 Schedule A, Part II, line 14	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 and stop here. The organization qualifies as a publicly supported organization	► <input type="checkbox"/>	
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 box and stop here. The organization qualifies as a publicly supported organization	► <input type="checkbox"/>	
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 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	► <input type="checkbox"/>	
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	► <input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a ,or 17b, check this box and see instructions	► <input type="checkbox"/>	

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

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")		1,762		1,935		3,697
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5		1,762		1,935		3,697
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						3,697

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6		1,762		1,935		3,697
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975		127		71		198
c Add lines 10a and 10b		127		71		198
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)		26,583		8,125		34,708
13 Total support. (Add lines 9, 10c, 11, and 12.)		28,472		10,131		38,603
14 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 ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	9 58%
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))	17	0 51%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	
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 ► <input type="checkbox"/>		
b 33 1/3% support tests-2008. If the organization did not check a box on line 14 or line 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 ► <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input checked="" type="checkbox"/>		

Part IV

Supplemental Information. Complete this part to provide the explanations required by Part II, line 10, Part II, line 17a or 17b, and Part III, line 12. Provide any other additional information. See instructions

Department of the Treasury
Internal Revenue Service

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

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

► [Return to Form 5005 or Form 5002](#) ► [5005 Separate from Segments](#)

Name of the organization

Employer identification number

POLENTA ELEMENTARY PTA

56-2274455

Part I

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply	
a <input type="checkbox"/> Mail solicitations	e <input type="checkbox"/> Solicitation of non-government grants
b <input type="checkbox"/> Internet and email solicitations	f <input type="checkbox"/> Solicitation of government grants
c <input type="checkbox"/> Phone solicitations	g <input checked="" type="checkbox"/> Special fundraising events
d <input checked="" type="checkbox"/> In-person solicitations	
2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.	

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

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 ART BY ME (event type)	(b) Event #2 CANDYMAN (event type)	(c) Other events 8 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	10,477	19,616	79,617
	2 Less Charitable contributions			
	3 Gross income (line 1 minus line 2)	10,477	19,616	79,617
Direct Expenses	4 Cash prizes			
	5 Noncash prizes			
	6 Rent/facility costs			
	7 Food and beverages			
	8 Entertainment			
	9 Other direct expenses	7,651	11,775	45,241
	10 Direct expense summary Add lines 4 through 9 in column (d)			► (64,667)
	11 Net income summary. Combine line 3, column (d), and line 10			► 45,043

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			
	2 Cash prizes			
	3 Noncash prizes			
Direct Expenses	4 Rent/facility costs			
	5 Other direct expenses			
	6 Volunteer labor	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	7 Direct expense summary. Add lines 2 through 5 in column (d)			►
	8 Net gaming income summary. Combine line 1, column d, and line 7			►

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?
b If "No," explain.

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "Yes," explain:

11 Does the organization operate gaming activities with nonmembers?

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?

Yes	No
9a	
10a	
11	
12	

	Yes	No
13 Indicate the percentage of gaming activity operated in	13a	13b
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 ►		
Address ►		
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	
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 ►		
Gaming manager compensation ► \$ _____		
Description of services provided ►		
<input type="checkbox"/> Director/officer	<input type="checkbox"/> Employee	<input type="checkbox"/> Independent contractor
17 Mandatory distributions	17a	
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

110

	Description	Amount
1	HOSPITALITY INCOME	1 90
2	RECONCILIATION DISCREPENCIES	2 20
3		3
4		4
5		5
6		6
7		7
8		8
9		9
10		10

Part I, Line 10 (990-EZ) - Grants and Similar Amounts Paid

	Class of activity	Grantee's name	Check (X) if grantee is a business	Address	City	State	Zip code	Foreign Country
1	GRANT	ART DEPARTMENT		105 JOSEPHINE RD	GARNER	NC	27529	
2	GRANT	CHARACTER EDUCATION		105 JOSEPHINE RD	GARNER	NC	27529	
3	GRANT	GRADE LEVELS		105 JOSEPHINE RD	GARNER	NC	27529	
4	GRANT	MEDIA CENTER		105 JOSEPHINE RD	GARNER	NC	27529	
5	GRANT	MUSIC DEPT		105 JOSEPHINE RD	GARNER	NC	27529	
6	GRANT	PE		105 JOSEPHINE RD	GARNER	NC	27529	
7	GRANT	SCIENCE GLOBAL CONNECT		105 JOSEPHINE RD	GARNER	NC	27529	
8	GRANT	TECHNOLOGY		105 JOSEPHINE RD	GARNER	NC	27529	
9	GRANT	ACCELERATED READER		105 JOSEPHINE RD	GARNER	NC	27529	
10	GRANT	AGENDAS		105 JOSEPHINE RD	GARNER	NC	27529	

24,611

24,611

Amount of cash grant	Relationship	Description of the property	Purpose of payment to affiliate	Book value	How book value determined	Fair market value	Method used to determine FMV	Date received
2,824			INSTRUCTIONAL	2,824	CASH			VARIOUS
483			INSTRUCTIONAL	483	CASH			VARIOUS
1,412			INSTRUCTIONAL	1,412	CASH			VARIOUS
4,037			INSTRUCTIONAL	4,037	CASH			VARIOUS
599			INSTRUCTIONAL	599	CASH			VARIOUS
599			INSTRUCTIONAL	599	CASH			VARIOUS
600			INSTRUCTIONAL	600	CASH			VARIOUS
9,305			INSTRUCTIONAL	9,305	CASH			VARIOUS
2,752			INSTRUCTIONAL	2,752	CASH			VARIOUS
2,000			INSTRUCTIONAL	2,000	CASH			VARIOUS

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

21,579

1	Travel	1
2	Meals and entertainment	2
3	Fundraising	3
4	Amortization	4
5	Conferences, conventions, and meetings	5
6	Depreciation	6
7	Depletion	7
8	Equipment rental and maintenance	8
9	Interest	9
10	Supplies	10
11	Telephone	11
12	Unrelated business income taxes	12
13	OFFICE EXPENSES	13 1,481
14	HOSPITALITY	14 3,601
15	INCENTIVES	15 4,070
16	MEMBERSHIP DRIVE	16 930
17	ORIENTATION	17 71
18	INSURANCE	18 295
19	PROGRAMS	19 10,934
20	BANK FEES-NSF	20
21	GIFTS	21 194
22	ROUNDING ERROR	22 3
23		23
24		24
25		25
26		26
27		27
28		28