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Form 998-EZ

Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section
512(b)(13)-must-file Form 990...All other organizations with gross receipts less than \$500,000 and total
assets less than \$1,250,000 at the end of the year may use this form.

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

OMB No. 1545-1150

2009

Open to Public Inspection

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Number charges Intellet or Intellet o
Terminated Terminated Specific Terminated Specific Terminated Termin
Amended return Amended return Applications produing Applications
Application pending Institute Insti
Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). Cash Acon Other (specify) P
Website: ► http://www.lisd.net/schools/donald/PTA.htm
Tax-exempt status (check only one)
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, 8b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ \$ 742 Part ■ Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) 1
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 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 2 Program service revenue including government fees and contracts 3 1: 4 Investment income 5a Gross amount from sale of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here contributions reported on line 1) b Less: direct expenses other than fundraising expenses 6b 28802 c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 6c 308 7a Gross sales of inventory, less returns and allowances 7a Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7b 8036 7c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 21 8 Other revenue (describe b 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 10 Grants and similar amounts paid (attach schedule) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance
Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) 1 Contributions, gifts, grants, and similar amounts received
Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) 1 Contributions, gifts, grants, and similar amounts received
1 Contributions, gifts, grants, and similar amounts received
2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5a Gross amount from sale of assets other than inventory 5b Less: cost or other basis and sales expenses 5c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ▶ □ 6 Special events and activities (Subtract line 6b from line 6a) 6 Special events and activities (Subtract line 6b from line 6a) 6 Special events and activities (Subtract line 6b from line 6a) 6 Special events and activities (Subtract line 6b from line 6a) 6 Special events and activities (Subtract line 7b from line 6a) 6 Special events and activities (Subtract line 7b from line 7a) 7 Special events and activities (Subtract line 7b from line 7a) 7 Special events and activities (Subtract line 7b from line 7a) 7 Special events and activities (Subtract line 7b from line 7a) 7 Special events and activities (Subtract line 7b from line 7a) 7 Special events and activities (Subtract line 7b from line 7a) 7 Special events and activities (Subtract line 7b from line 7a) 7 Special events and activities (Subtract line 7b from line 7a) 7 Special events and activities (Subtract line 7b from line 7a) 7 Special events and activities (Subtract line 7b from line 7a) 7 Special events and activities (Subtract line 7b from line 7a) 7 Special events and activities (Subtract line 7b from line 7a) 7 Special events and activities (Subtract line 7b from line 7a) 7 Special events and activities (Subtract line 7b from line 7a) 7 Special events and activities (Subtract line 7b from line 7a) 7 Special events and activities (Subtract line 7b from line 7a) 8 Other revenue (describe events and activities (Subtract line 7b from line 7a) 8 Other revenue (describe events and activities (Subtract line 7b from line 7a) 9 Total reven
Membership dues and assessments
4 Investment income 5a Gross amount from sale of assets other than inventory 5b Less: cost or other basis and sales expenses 5c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here coprored on line 1) 6 Special events and activities (subtract line 5b from line 5a) 6 Special events and activities (subtract line 6b from line 6a) 6 Special events and activities (subtract line 6b from line 6a) 6 Special events and activities (Subtract line 6b from line 6a) 6 Special events and activities (Subtract line 6b from line 6a) 6 Special events and activities (Subtract line 6b from line 6a) 6 Special events and activities (Subtract line 6b from line 6a) 7 Special events and activiti
Sa Gross amount from sale of assets other than inventory b Less: cost or other basis and sales expenses
b Less: cost or other basis and sales expenses
C Net income or (loss) from special events and activities (Subtract line 6b from line 6a)
C Net income or (loss) from special events and activities (Subtract line 6b from line 6a)
C Net income or (loss) from special events and activities (Subtract line 6b from line 6a)
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10 Grants and similar amounts paid (attach schedule)
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10 Grants and similar amounts paid (attach schedule)
10 Grants and similar amounts paid (attach schedule)
10 Grants and similar amounts paid (attach schedule)
10 Grants and similar amounts paid (attach schedule)
11 Benefits paid to or for members
12 Salaries, other compensation, and employee benefits
13 Professional fees and other payments to independent contractors
14 Occupancy, rent, utilities, and maintenance
15 Printing, publications, postage, and shipping
10 1 mmg, paphoduons, postago, and shipping
16 Other expenses (describe ▶ Program Svcs., Fundralsing and Mgmt. Expenses-see attached) 16 321
17 Total expenses. Add lines 10 through 16
40 France on (definit) for the record (Or have at line 47 from line 0)
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with
ω 1 10 110 accord of faile balances at beginning of year (north line 21, column (A) (mast agree with 1
9 end-of-year figure reported on prior year's return)
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
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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
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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.) Cash, savings, and investments



					,	
Par				l.)	┨.	Expenses
	is the organization's primary exempt purpose?					ured for section)(3) and 501(c)(4)
	what was achieved in carrying out the org					izations and section
	ner, describe the services provided, the number o	of-persons-benefited,_and_c	other_relevant <u>info</u>	mation for	4947((a)(1).trusts,_optional_
	program title.				for ot	hers.)
28	Arts in Ed., Buses for Field Trips, Council Programs					
	Dues/Scholarship Fund) Destination Imagination, St					
	Founders Day, Health Services, Historian, Hospitality		- <i></i>			
		includes foreign grants, che			28a	6705
29	PTA Programs for student/parent involvement, Room		nool Startupto assis	t in prep.	ł	
	for School Yr., Video License, Weekly Reader, Youth	Proteaction				
		includes foreign grants, che		<u>. ▶ □</u>	29a	8456
30	Gifts to School and PTA Purchases for Programs - P					
	News, 2 Wagons, Tool Kit, Belly Bumpers - PE, Ultra					
	- Library, Incubator - Science, Paint - Soccer Goals, I					
	(Grants \$) If this amount	includes foreign grants, che	eck here	. ▶ □	30a	7204
31	Other program services (attach schedule)					
		includes foreign grants, che		. ▶ □	31a	
	Total program service expenses (add lines 28a t			🕨	32	22365
Par	List of Officers, Directors, Trustees, and Key			•		
	(a) Name and address	(b) Title and average hours per week	(c) Compensation (if not paid,	(d) Contributio employee benefit		(e) Expense account and
	.,	devoted to position	enter -0)	deferred comper	nsation	other allowances
	ssa Eckrich	President/20 hours				
2513	Katina Dr. Flower Mound, TX 75028		0		0	0
	Mendoza	Vice President/10 hours				
	Lionheart Flower Mound, TX 75028		0	- ,- <u>,- ,- ,- ,- ,- ,- ,- ,- ,- ,- ,- ,- ,- ,</u>	0	0
	nne Niedhammer	Secretary/5 hours				
	Channing Ct. Flower Mound, TX 75028	Occident your court	0		0	0
	ifer Espenschied	Treasurer/10 hours				
1317	Longbow Trail, Flower Mound, TX 75028		0		0	0
	· · · · · · · · · · · · · · · · · · ·					
	·					
]				
		1				

Part	Other Information (Note the statement requirements in the instructions for Part V.)			
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33_		1
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		1
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?	35a		1
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		1
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		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0			
b	Did the organization file Form 1120-POL for this year?	37b		1
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?	38a	<u> </u>	✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	[
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9]		ļ
þ	Gross receipts, included on line 9, for public use of club facilities	1		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ▶ ; section 4912 ▶ 0 ; section 4955 ▶ 0			
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		1
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		!	
đ	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
θ	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		1
41	List the states with which a copy of this return is filed. ▶			
42a	The organization's books are in care of ▶ Jennifer Espenschled Telephone no. ▶	72/53	9-689	4
	Located at ▶ 2400 Forest Vista Dr., Flower Mound, TX ZIP + 4 ▶	750	028	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b		✓
	If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
_		400		
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	L	
43	If "Yes," enter the name of the foreign country: ► 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	• •	•	
			V	NI.
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of	_	res	No
	Form 990-EZ		 	-
45		44	<u> </u>	✓
40	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	 -	
	100, 1 orm 500 mast be completed instead of Form 550-EZ	45		

Form **990-EZ** (2009)

Part \	Section 501(c)(3) organizations and 501(c)(3) organizations and section 49 and complete the tables for lines 50 a	section 4947(a)(1) non 947(a)(1) nonexempt cha and 51.	exempt charitab ritable trusts mus	le trusts only. A t answer question	ll secti ns 46-	ion -49b
46	Did the organization engage in direct or Indirect				\	res No
	candidates for public office? If "Yes," complete				46	√
47	Did the organization engage in lobbying activities	•			47	✓
48	Is the organization a school as described in section				48	
	Did the organization make any transfers to an e		ted organization? .		49a	
	If "Yes," was the related organization a section	•			49b	<u> </u>
50	Complete this table for the organization's five h					
	employees) who each received more than \$100					
	(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	acco	expense ount and allowances
N/A		-				
	Complete this table for the organization's five \$100,000 of compensation from the organization (a) Name and address of each independent contractors.	on. If there is none, enter "	None."	pe of service	· · · · · · · · · · · · · · · · · · ·	pensation
	Total number of other independent contractors Under penalties of perjury, I declare that I have examinand belief, it is true, correct, and complete Declaration	ned this return, including accomp	anying schedules and sta	tements, and to the best of which preparer has	it of my k	knowledge vledge.
Sign Here	Signature of officer Karlssa Eckrich, President Type or print name and title			Date		
Paid	Preparer's signature	Date	Check if self-	Preparer's identifying nur	nber (See i	- instructions)
Prepare	Firm's name (or		employed ▶ L			-
Use On	1 Firm S name (or		employed ▶ L	N ►	-	

SCHEDULE A (Form 990 or 990-EZ)

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

2298745

Department of the Treasury Internal Revenue Service

PTA Texas Congress 6078 Donald Elementary PTA

Employer identification number

75

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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 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). 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: 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.) 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An organization that normally receives: (1) more than 331/3 % 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 33/3 % 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). 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 disgualified 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). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) 11g(i) and (iii) below, the governing body of the supported organization? 11g(ii) (ii) A family member of a person described in (i) above? |11g(iii)| (iii) A 35% controlled entity of a person described in (i) or (ii) above? . . . Provide the following information about the supported organization(s). (i) Name of supported (iii) Type of organization (ii) EIN (iv) is the organization (v) Did you notify (vi) Is the (vii) Amount of organization (described on lines 1-9 in col. (i) listed in your the organization in organization in col support above or IRC section governing document? col (i) of your (i) organized in the (see instructions)) support? Yes Yes Nο No Yes

	Support Schedule for Org (Complete only if you chec	anizations [ked the box	Described in on line 5, 7, c	Sections 17 or 8 of Part I	0(b)(1)(A)(iv) .)	and 170(b)(I)(A)(vi)
Se⊋	tion A. Public Support						
Ca	lendar 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) Public support. Subtract line 5 from line 4.						
6	tion B. Total Support		<u> </u>				<u> </u>
	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
		(u) 2000	(6) 2000	(0) 2007	(4) 2000	(6) 2003	(i) Total
7 8	Amounts from line 4						
9	Net income from unrelated business activities, whether or not the business is regularly carned 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					12	
13	First five years. If the Form 990 is for organization, check this box and stop he	re	· · · · · · · · · · · · · · · · · · ·		n, or fifth tax y		on 501(c)(3)
Sec	tion C. Computation of Public Su	pport Perce	ntage				
14	Public support percentage for 2009 (line	6, column (f) di	ivided by line 1	I, column (f))		14	<u>%</u>
15	Public support percentage from 2008 Sci	hedule A, Part	II, line 14 .			15	%_
	33% % support test—2009. If the organiand stop here. The organization qualifies	as a publicly	supported orgai	nization			▶ □
	33% % support test—2008. If the organic box and stop here. The organization qua	lifies as a publ	licly supported	organization .			▶ □
17a	10%-facts-and-circumstances test – 20 more, and if the organization meets the "f organization meets the "facts-and-circum	acts-and-circur	mstances" test,	check this box	and stop here.	Explain in Part	IV how the
b 18	10%-facts-and-circumstances test—2008 more, and if the organization meets the "facts-and-circumstance Private foundation. If the organization did	acts-and-circun inces" test. The	nstances" test, o organization qua	check this box	and stop here. cly supported or	Explain in Part ganization	IV how the► □

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.)

Seç	Section A. Public Support									
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007—	(d) -2008	—- (ө) -2009—	_(f)_Total			
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2343	2176	2000	2061	2231	10811			
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	111369	104296	102250	84267	71973	474155			
3	Gross receipts from activities that are not an unrelated trade or business under section 513	0	0	0	0	0	0			
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0			
5	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0			
6	Total. Add lines 1 through 5	113712	106472	104250	86328	74204	484966			
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .	0	0	0	0	0	<u> </u>			
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						0			
	amount on line 13 for the year	0	0	0	0	0				
8 8	Add lines 7a and 7b		•				484966			
Sec	tion B. Total Support					I	404300			
	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total			
9	Amounts from line 6	113712	106472	104250	86328	74204	484966			
-	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	74	0	0	0	0	74			
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0	0	0	0	0	0			
С	Add lines 10a and 10b	74	0	0	0	0	74			
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on	0	0	0	0	0	0			
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0	0	0	0			
13	Total support. (Add lines 9, 10c, 11, and 12.)	113786	106472	104250	86328	74204	485040			
14	First five years. If the Form 990 is for organization, check this box and stop	here	<u> </u>	nd, third, fourth	n, or fifth tax y		in 501(c)(3) ▶ □			
Sec	tion C. Computation of Public Su			·····		r				
15	Public support percentage for 2009 (lin	e 8, column (f)	divided by lin			15	99.9 %			
16 Sec	Public support percentage from 2008 Stion D. Computation of Investmen					16	100 %			
						47	1.5 %			
17 18	Investment income percentage for 2009 Investment income percentage from 2009	-	* * *	•		18	1.5 % 0 %			
19a	- -					L				
. Ja	17 is not more than 33\% %, check this b									
b	331/3 % support tests—2008. If the organ line 18 is not more than 331/3 %, check this	ization did not	check a box on	line 14 or line	19a, and line 1	6 is more than	331/3 %, and			
20	Private foundation. If the organization	did not check	a box on line 1	4, 19a, or 19b	, check this bo	ox and see inst	ructions 🕨 🗌			

chedule A (F	Form 990 or 990-EZ) 2009	Page 4
Part IV	Supplemental Information. Complete this part to provide the explanations required Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information.	by Part II, line 10; See instructions.
N/A		
N/A		
		
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Part III - Line 32 - Prgm. Serv.

Part III - Line 32 - Pigin. Serv.				Group N
	Total	Prgm. Svcs.	Mgmt. & General	Fundraising
PTA Approved Purchases 4 drawer locking file cabinet	199.99		199.99	
Cash Register	99.99			
Nebulizer for Nurses Office	69.95	69.95	33.33	
Projector for Movie Nights	465.00	465.00		
Speaker System w/ Cables for Movie Nights	460.00	460.00		
Outdoor Message Center	1,549.50	400.00	1,549.50	
Arts in Education	143.57	143.57	1,040.00	
Back to School	145.50	140.07		145.50
Box Tops for Education	172.56			172.56
Buses for Field Trips	1,356.90	1,356.90		1,2.00
Conventions/Training	943.18	1,000.00	943.18	
Copy Paper	21.98		21.98	
Council Expenses				
CIS Basket	50.00	50.00		
Dressed to Learn	20.00	20.00		
LISD Acute Care Health Fund	50.00	50.00		
Dues & Scholarship Fund	130.00	130.00		
Silver Star Gala (LEF Basket)	50.00	50.00		
Destination Imagination	344.77	344.77		
Dolphin Tales Publishing	736.95	736.95		
Donald Extracurricular Clubs	198.11	198.11		
Family Fun Night	4,936.41			4,936.41
Field Day	126.14	126.14		,
Founder's Day	132.00	132.00		
Health Services	79.90	79.90		
Historian	62.12	62.12		
Hospitality	1,675.31	1,675.31		
Indoor/Outdoor Beautification	201.97	201.97		
Insurance (AIM)	395.00		395.00	
Life Members	215.00		215.00	
President Administration	486.53		486.53	
Principal Administration/Motivation	1,347.31	1,347.31		:
PTA Programs	1,774.61	1,774.61		·
Room Representative Expense	2,492.35	2,492.35		
School Plaques	246.00	246.00		
School Startup	656.85	656.85		
Treasurer's Expense	600.00		600.00	
Video License	375.00	375.00		
Weekly Reader Expense	2,700.00	2,700.00		
Youth Protection Expense	211.50	211.50		
Gifts to School				
Paper Cutter	69.99	69.99		
Replacement Tetherballs	51.15	51.15		
Poster Paper	1,390.46	1,390.46		
Green Screen	240.89	240.89		
Wagons - 2	199.98	199.98		
Tool Kit	19.99	19.99		
Inflatable Tubes/Belly Bumpers	331.96	331.96		
Ultra Ball	133.49	133.49		
Bull Horns - 2	254.64	254.64		
Bookshelves for Library	522.00	522.00		
Kindergarten Registration Banner	379.00	379.00		
Library Upgrades	2,316.70	2,316.70		
Chicken Incubator and Supplies for Science	281.63	281.63		
Paint for Soccer Goals (GTS 2008-09)	16.85	16.85	7 522 2-	F 052 45
	32,130.68	22,365.04	4,511.17	5,254.47
j	Part I - Line 16	Paπ III - Line 32		