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Form 990-EZ

Department of the Treasury  
Internal Revenue Service

# Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2009

Open to Public  
Inspection

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

**A For the 2009 calendar year, or tax year beginning** July 1, 2009, and ending June 30, 2010

<b>B Check if applicable</b> <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	<b>Please use IRS label or print or type</b> See Specific Instructions.	<b>C Name of organization</b> <b>Portal School Community Organization</b> Number and street (or P O box, if mail is not delivered to street address) Room/suite <b>1188 Wunderlich Dr</b> City or town, state or country, and ZIP + 4 <b>San Jose, CA 95129</b>	<b>D Employer identification number</b> <b>77-0428804</b>
		<b>E Telephone number</b> <b>408-973-8191</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:** ► <http://sites.google.com/a/cusdschools.org/murdock-portal/>

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

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

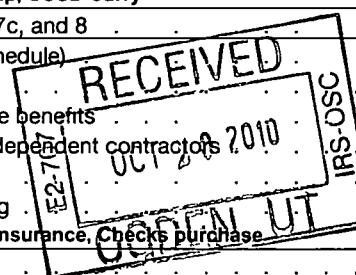
**K Check** ►  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return

**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 ► \$ 434961.13**

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

<b>Revenue</b> 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 . . . . . 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) . . . . . 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) . . . . . b Less: direct expenses other than fundraising expenses . . . . . c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) . . . . . 7a Gross sales of inventory, less returns and allowances . . . . . b Less: cost of goods sold . . . . . c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . . 8 Other revenue (describe ► IRS refund, Scrip, CUSD Carry . . . . . 9 <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 . . . . . ►	<b>5a</b> <b>5b</b> <b>5c</b> <b>6a</b> 17259 <b>6b</b> 13968 <b>6c</b> <b>7a</b> <b>7b</b> <b>7c</b> <b>8</b> <b>9</b> 420993	<b>1</b> 347580 <b>2</b> 40790 <b>3</b> <b>4</b> 533 <b>5c</b> <b>6c</b> 3291 <b>7c</b> <b>8</b> 28799 <b>9</b> 420993
<b>Expenses</b> 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 . . . . . 16 Other expenses (describe ► IRS penalty, Insurance, Checks purchased . . . . . 17 <b>Total expenses.</b> Add lines 10 through 16 . . . . . ►	<b>10</b> <b>11</b> <b>12</b> 1751 <b>13</b> <b>14</b> <b>15</b> 3049 <b>16</b> 2509 <b>17</b> 253431	<b>10</b> 246123 <b>11</b> <b>12</b> 1751 <b>13</b> <b>14</b> <b>15</b> 3049 <b>16</b> 2509 <b>17</b> 253431
<b>Net Assets</b> 18 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . . 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . . 20 Other changes in net assets or fund balances (attach explanation) . . . . . 21 Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . . ►	<b>18</b> <b>19</b> <b>20</b> <b>21</b> 330755	<b>18</b> 167561 <b>19</b> <b>20</b> <b>21</b> 330755

<b>Part II Balance Sheets.</b> 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.) 22 Cash, savings, and investments . . . . . 23 Land and buildings . . . . . 24 Other assets (describe ► CUSD Carry Credit . . . . . 25 <b>Total assets</b> . . . . . 26 <b>Total liabilities</b> (describe ► . . . . . 27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21) . . . . .	<b>(A) Beginning of year</b> <b>163193</b> 22 304310	<b>(B) End of year</b> <b>23</b> <b>24</b> 26444 <b>25</b> 330755 <b>26</b> <b>27</b> 330755
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P  
23

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

What is the organization's primary exempt purpose? **See Attached Document**

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, and other relevant information for each program title.

28

(Grants \$  ) If this amount includes foreign grants, check here  ▶ **28a** **\$251,553**

29

(Grants \$  ) If this amount includes foreign grants, check here  ►  29a

30

(Grants \$ ) If this amount includes foreign grants, check here   30a

31

Other program services (attach schedule) . . . . . (Grants \$ . . . . . ) If this amount includes foreign grants, check here  31a

32

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

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

(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
Elizabeth Delandro	President 2hrs/week	0	0	0
10094 Bret Ave, Cupertino CA 95011				
Lisa Tsuchitani	Vice-President 1hr/week	0	0	0
1313 Yarmouth Terrace Sunnyvale, CA 94087				
Roland Krause	Secretary 1hr/week	0	0	0
4832 Alexandria Lane San Jose, CA 95129				
Alpana Jain	Treasurer 4hrs/week	0	0	0
1740 Lark Lane, Sunnyvale, CA-94087				
Weilin Wu	Vice-Treasurer 3hrs/week	0	0	0
5179 Glentree Dr San Jose, CA 95129				
Christina Chu	Vice-Treasurer 6hrs/week	0	0	0
6324 Slida Drive, San Jose, CA 95129				
Lina Young	Volunteer Co-ordinator 5hr	0	0	0
10340 Leola Court #2 Cupertino, CA, 95014				
Kajal Arora	Volunteer Co-ordinator 4hr	0	0	0
26041 Forge Way # 171 Cupertino,CA95014				
Ananta Karnam	Volunteer Co-ordinator	0	0	0
20169 red fir ct cupertino, ca				

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

	<b>Yes</b>	<b>No</b>
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . . . .	33	✓
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes . . . . .	34	✓
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	✓
b If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .	35b	
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	37a	
b Did the organization file <b>Form 1120-POL</b> for this year? . . . . .	37b	✓
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	✓
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 . . . . .	39a	
b Gross receipts, included on line 9, for public use of club facilities . . . . .	39b	
40a 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 . . . . .		
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. . . . .		
41 List the states with which a copy of this return is filed. ►		
42a The organization's books are in care of ► Alpana Jain	Telephone no. ► 408-973-8191	
Located at ► 1188 Wunderlich Dr., San Jose, CA 95129	ZIP + 4 ► 95129	
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: ► _____		
See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .		
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: ► _____		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —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 . . . . .	44	✓
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	✓

**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.

	Yes	No
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	46	✓
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	✓
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	✓
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	✓
b If "Yes," was the related organization a section 527 organization?	49b	✓
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."		

(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
None				

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

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, 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			
	Signature of officer	Date	Preparer's identifying number (See instructions)	
► <i>Alpana Jain</i>	19/30/10	Preparer's identifying number (See instructions)		
► <i>ALPANA JAIN, TREASURER (PSCO)</i>	Preparer's identifying number (See instructions)	Preparer's identifying number (See instructions)		
Type or print name and title	Preparer's identifying number (See instructions)	Preparer's identifying number (See instructions)		
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed ► <input type="checkbox"/>	Preparer's identifying number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4	EIN ►	Phone no ►	Preparer's identifying number (See instructions)

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

**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.**

Department of the Treasury  
Internal Revenue Service

OMB No. 1545-0047

2009

**Open to Public  
Inspection**

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**Name of the organization**

**Employer identification number**

## Portal School Community Organization

77 | 0428804

**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? \_\_\_\_\_  
 h Provide the following information about the supported organization(s).  

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

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

**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 <b>Total.</b> 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 <b>Public support.</b> 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 <b>Total support.</b> Add lines 7 through 10						
12 Gross receipts from related activities, etc (see instructions)					12	
13 <b>First five years.</b> 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 <b>33 1/3 % support test—2009.</b> 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 <b>33 1/3 % support test—2008.</b> 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 <b>10%-facts-and-circumstances test—2009.</b> 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 <b>10%-facts-and-circumstances test—2008.</b> 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 <b>Private foundation.</b> 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.")	342374	239542	205037	308,534	347580	1,443,067
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	13949	11429	15577	19722	13968	74,645
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 <b>Total.</b> Add lines 1 through 5	<b>356,323</b>	<b>250,971</b>	<b>220,614</b>	<b>328,256</b>	<b>361,548</b>	<b>1,517,712</b>
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 <b>Public support</b> (Subtract line 7c from line 6)						<b>1,517,712</b>

**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	356,323	250,971	220,614	328,256	361,548	1,517,712
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	591	798	1724	1179	533	4,825
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	591	798	1724	1179	533	4,825
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)						
13 <b>Total support.</b> (Add lines 9, 10c, 11, and 12)	<b>356,914</b>	<b>251,769</b>	<b>222,338</b>	<b>329,435</b>	<b>362,081</b>	<b>1,522,537</b>
14 <b>First five years.</b> 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 <b>stop here</b> ► <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	99.7 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	99.7 %

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	0.3 %
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	0.3 %
19a <b>33 1/3 % support tests—2009.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization ► <input checked="" type="checkbox"/>		
b <b>33 1/3 % support tests—2008.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization ► <input checked="" type="checkbox"/>		
20 <b>Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input 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.

**Attachment for Form 990 line 10 - Grants and Allocation  
(California Form 199 Part II line 9 as well)**

Tax ID 77-0428804

<b>Activity</b>	<b>Description</b>		
<b>Non Fund-raising Activities</b>			
Academic - supplements CUSD educational programs			
People			
Contract Aids	Provide Arts, Music, and Hands-on science for students	\$	48,596
Instructional Aids	Provide instructional aides for Grades K-5	\$	120,199
Library	Provide additional hour of library	\$	-
Lunch Supervisor	Provide one lunch supervisor	\$	-
Curriculum Development	Provide substitute teachers while teachers develop curriculum	\$	-
Primary Physical Education Instruction	Provide PE instructor for Grades K-3	\$	25,169
Enrichment - funds non-CUSD educational programs			
Enrichment	Provide on-site assemblies for Grades K-5	\$	3,997
Lunch Clubs	Materials/supplies for hobby clubs during lunch time	\$	168
Running Club	Promote physical fitness at lunch time	\$	173
PEP	Provide week-long enrichment classes for students	\$	40,663
Technology	Provide computer upgrades and maintenance for Grades K-5	\$	-
<b>Discretionary Funds</b>			
Academic Supplies	Provide funds for supplemental classroom materials	\$	6,464
Principal's Fund	Provide funds for various enrichment	\$	694
<b>Total</b>		<b>TOTAL</b>	\$ 246,123

### Attachment for Part III - Statement of Program Service Accomplishments

Tax ID 77-0428804

The parents and teaching staff of Murdock-Portal Elementary School join together in order to:

- 1) Effectively channel the efforts and resources to the direct benefit of the students;
- 2) Facilitate mutual communication and nurture a cohesive relationship
- 3) Initiate, carry out and sponsor programs that benefit the school and school community

Activity	Description	
<b>Non Fund-raising Activities</b>		
Academic - supplements CUSD educational programs		
<b>People</b>		
Contract Aids	Provide Arts, Music, and Hands-on science for students	\$ 48,596
Instructional Aids	Provide 6 instructional aides for Grades K-5	\$ 120,199
Library	Provide additional hour of library	\$ -
Lunch Supervisor	Provide one lunch supervisor	\$ -
Curriculum Development	Provide substitute teachers while teachers develop curriculum	\$ -
Primary Physical Education Instruction	Provide PE instructor for Grades K-3	\$ 25,169
<b>Materials</b>		
Art Supplies	Material/supplies for Art Instruction to Grade K-5	\$ 322
Music Supplies	Material/supplies for Music Instruction to Grade K-5	\$ -
Science Supplies	Material/supplies for Hand-On Science Instruction to Grade K-5	\$ 848
Sports Equipment	Material/supplies for Sports Instruction to Grade K-5	\$ -
Village Supplies	Material/supplies for every teacher's class room	\$ 5,295
<b>Enrichment - funds non-CUSD educational programs</b>		
Enrichment	Provide on-site assemblies for Grades K-5	\$ 3,997
Lunch Clubs	Materials/supplies for hobby clubs during lunch time	\$ 168
Running Club	Promote physical fitness at lunch time	\$ 173
PEP	Provide week-long enrichment classes for students	\$ 40,663
<b>Technology</b>		
	Provide computer upgrades and maintenance for Grades K-5	\$ -
<b>School Operating Expenses</b>		
Copier Maintenance and Duplicating	Provide copier maintenance and duplicating costs for instructional material of Grades K-5	\$ 400
Emergency Preparation	Provide supplies for emergency situations, such as food, batteries	\$ 51
<b>Staff</b>		
Teacher Education	Support teacher education in teaching literature, reading, etc.	\$ -
Teacher's appreciation	Drinking water, yearly appreciation lunches	\$ 1,751
<b>Discretionary Funds</b>		
Principal's Fund	Provide funds for purchasing materials for school	\$ 694
<b>PSCO Operating Expenses</b>		
Insurance	Insurance for various programs	\$ 485
Miscellaneous	Expenses for small items such as postage	\$ 2,598
Check purchase	Bank fees	\$ 144
<b>Total</b>	<b>TOTAL</b>	<b>\$ 251,553</b>