See a Social Security Number? Say Something!
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Form **990-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

A For 2009 calendar year, or tax year beginning JULY 01 , 2009, and ending JUNE 30 , 20 10

B Check if applicable
- [X] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Terminated
- [ ] Amended return
- [ ] Application pending

Please use IRS label or print or type See Specific Instructions

C Name of organization
DENNIS CHAVEZ ELEMENTARY PTA

Number & street (or P O box, if mail is not delivered to street addr) Room/ suite
7500 BARSTOW ST NE

City or town, state or country, and ZIP + 4
ALBUQUERQUE NM 87109

D Employer identification number
85-0320474

E Telephone number
(505)821-1810

F Group Exemption Number ▶

- **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 [X] Cash [ ] Accrual Other (specify) ▶

I **Website:** ▶N/A

H Check▶ [X] if organization is **not** required to attach Sch B (Form 990, 990-EZ, or 990-PF)

J **Tax-exempt status** (check only one) -- [X] 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 ▶ $ 88,970

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	5,942
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	439
	4	Investment income		4	35
	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▶ [ ]			
	a	Gross revenue (not including $ _____ of contributions reported on line 1)	6a 6,651		
	b	Less direct expenses other than fundraising expenses	6b 1,871		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	4,780
	7a	Gross sales of inventory, less returns and allowances	7a 75,903		
	b	Less. cost of goods sold	7b 43,244		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) #1		7c	32,659
	8	Other revenue (describe ▶)		8	
	9	**Total revenue.** All lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶		9	43,855
EXPENSES	10	Grants and similar amounts paid (attach schedule) #2		10	32,751
	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	3,052
	14	Occupancy, rent, utilities, and maintenance		14	
	15	Printing, publications, postage, and shipping		15	
	16	Other expenses (describe▶ SEE ATTACHMENT #3)		16	1,049
	17	**Total expenses.** Add lines 10 through 16 ▶		17	36,852
NET ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	7,003
	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	30,569
	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	37,572

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	30,569	22	37,572
23	Land and buildings		23	
24	Other assets (describe ▶)		24	
25	**Total assets**	30,569	25	37,572
26	**Total liabilities** (describe ▶)	0	26	0
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	30,569	27	37,572

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

What is the organization's primary exempt purpose? SEE ATTACHMENT #4

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, & other relevant information for each program title

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

28 SEE ATTACHMENT #5

(Grants $ 32,751) If this amount includes foreign grants, check here ▶ ☐ 28a 32,751

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 **Total program service expenses** (add lines 28a through 31a) ▶ 32 32,751

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instr 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
SEE ATTACHMENT #6				

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	33		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		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?	35a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b		X
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		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b	Did the organization file **Form 1120-POL** for this year?	37b		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?	38a		X
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	40b		X
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ _____			
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed ▶ NONE			
42a	The organization's books are in care of ▶ SEE ATTACHMENT #7 Telephone no ▶ _____ Located at ▶ _____ ZIP + 4 ▶ _____			
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 **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**	42b		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. ▶ _____	42c		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** -- Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43			
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		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	45		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

			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		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
49a	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"

(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
NONE		

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

▶ DeeDee Penners — Signature of officer — 11-6-10 Date

▶ DEE DEE PENNERS TREASURER — Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ [signature] Date 11/2/10 Check if self-employed ▶ ☐ Preparer's identifying no (See instr) P00316667

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ HRB TAX GROUP INC
2201 SAN PEDRO NE BLDG 1
ALBUQUERQUE, NM 87110

EIN ▶ 43-1862224

Phone no ▶ 505-872-4299

May the IRS discuss this return with the preparer shown above? See instructions ▶ X 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
DENNIS CHAVEZ ELEMENTARY PTA

Employer identification number
85-0320474

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?

	Yes	No
(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? — **11g(i)**		X
(ii) A family member of a person described in (i) above? — **11g(ii)**		X
(iii) A 35% controlled entity of a person described in (i) or (ii) above? — **11g(iii)**		X

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? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support
Total									

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") .	8655	3710	5656	6381		24402
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	104354	119986	109859	82589		416788
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	113009	123696	115515	88970		441190
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)						441190

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 . . .	113009	123696	115515	88970		441190
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	61	37	37	19		154
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . .						
c Add lines 10a and 10b .	61	37	37	19		154
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 **Total support.** (Add lines 9, 10c, 11, and 12)	113070	123733	115552	88989		441344

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** . ▶ ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) . . .	15	99.97 %
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	0.03 %
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 ▶ ☒

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 ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

SCHEDULE OF GROSS PROFIT OR (LOSS) FROM SALE OF INVENTORY

ATTACHMENT 1: PAGE 1 - 990-EZ PAGE 1, PART I, LINE 7 **Keep for Your Records**

KEEP FOR YOUR RECORDS **For calendar year 2009 or tax period beginning** 07-01-2009 **, and ending** 06-30-2010.

Name of Organization
DENNIS CHAVEZ ELEMENTARY PTA

Employer Identification Number
85-0320474

Type of Inventory sold	Gross Sales	Cost of Goods	Gross Profit or (Loss)
YEARBOOK	8,806	6,633	2,173
SCHOOL SUPPLIES	28		28
SALLY FOSTER	14,123	6,368	7,755
COOKIE DOUGH	14,064	7,015	7,049
ENTERTAINMENT BOOKS	20,065	8,857	11,208
LIBRARY BOOK FAIR	10,137	7,576	2,561
ORIGINAL ARTWORK	6,166	4,066	2,100
PANTHER PARAPHERNALIA	2,514	2,729	-215
Total	75,903	43,244	32,659

SCHEDULE OF OTHER EXPENSES

ATTACHMENT 3: PAGE 1 - 990-EZ PAGE 1, PART I, LINE 16

OPEN TO PUBLIC INSPECTION | For calendar year 2009 or tax period beginning 07-01-2009, and ending 06-30-2010.

Name of Organization	Employer Identification Number
DENNIS CHAVEZ ELEMENTARY PTA	85-0320474

Description of Other Expenses	Amount
ADMINISTRATIVE	485
BANK FEES	219
DUES	25
INSURANCE	320
Total	1,049

SCHEDULE OF GRANTS AND SIMILAR AMOUNTS PAID

ATTACHMENT 2: PAGE 1 - 990-EZ PAGE 1, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID

OPEN TO PUBLIC INSPECTION

For Calendar year 2009, or tax year period beginning 07-01-2009 and ending 06-30-2010

Name of Organization
DENNIS CHAVEZ ELEMENTARY PTA

Employer Identification Number
85-0320474

Class of Activity	Recipient's Name and Address	Amount (FMV)	Purpose of Payment to Affiliate
STUDENT PROGRAMS	DENNIS CHAVEZ ELEMENTARY SCHOOL 7500 BARSTOW AVE NE ALBUQUERQUE NM 87109	9,377	STUDENT PROGRAMS TO BENEFIT STUDENTS
STAFF PROGRAMS	DENNIS CHAVEZ ELEMENTARY SCHOOL 7500 BARSTOW AVE NE ALBUQUERQUE NM 87109	18,913	STAFF PROGRAMS TO BENEFIT STUDENTS
CAPITAL PROJECTS	DENNIS CHAVEZ ELEMENTARY SCHOOL 7500 BARSTOW AVE NE ALBUQUERQUE NM 87109	4,461	NEW TILE IN CAFETERIA AND OTHER IMPROVEMENTS
		32,751	

Relationship	Description of Property	Book Value	How Book Value is Determined	How FMV is Determined	Date of Gift
			CASH	CASH	
		9,377	CASH	CASH	2010-06
		18,913	CASH	CASH	2010-06
		4,461			2010-06
	Total	32,751			

PRIMARY EXEMPT PURPOSE

ATTACHMENT 4: PAGE 1 - 990-EZ PAGE 2, PART III

OPEN TO PUBLIC INSPECTION	For calendar year 2009 or tax period beginning 07-01	, and ending 06-30-2010.

Name of Organization	Employer Identification Number
DENNIS CHAVEZ ELEMENTARY PTA	85-0320474

Primary Purpose

TO PROMOTE THE WELFARE OF CHILDREN AND YOUTH IN HOME, SCHOOL, COMMUNITY AND PLACE OF WORSHIP, TO RAISE THE STANDARDS OF HOME LIFE, TO SECURE ADEQUATE LAWS FOR THE CARE AND PROTECTION OF CHILDREN AND YOUTH, TO BRING INTO CLOSER RELATION THE HOME AND THE SCHOOL, THAT PARENTS AND TEACHERS MAY COOPERATE INTELLIGENTLY IN THE EDUCATION OF CHILDREN AND YOUTH, TO DEVELOPE BETWEEN EDUCATORS AND THE GENERAL PUBLIC SUCH UNITED EFFORTS THAT WILL SECURE FOR ALL CHILDREN AND YOUTH THE HIGHEST ADVANTAGES IN PHYSICAL, MENTAL, SOCIAL AND SPIRITUAL EDUCATION

PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 5: PAGE 1 - 990-EZ PAGE 3, PART III

OPEN TO PUBLIC INSPECTION	For calendar year 2009 or tax period beginning 07-01-2009, and ending 06-30-2010.

Name of Organization	Employer Identification Number
DENNIS CHAVEZ ELEMENTARY PTA	85-0320474

Part III - Statement of Program Service Accomplishments

Grants and allocations	32,751	Amount includes foreign grants	Program service expenses	32,751

Exempt Purpose Achievements

PROVIDED ALLOTMENTS IN THE AMOUNT OF 7500 FOR ALL TEACHERS TO PROVIDE SUPPLIES AND MATERIALS TO THE OVER 700 STUDENTS, THIS PROVIDED ADVANTAGES IN EDUCATION. GAVE THE FIFTH GRADERS A PARTY TO CELEBRATE THEIR GRADUATION THIS PROMOTED THEIR WELFARE AND BROUGHT INTO CLOSER REALATIONSHIP THE HOME AND SCHOOL, 2191 SPENT. GRANTED 10555 TO PROVIDE SUPPLEMENTAL STAFF IN ORDER TO ENHANCE THE TECHNICAL EDUCATION OF THE STUDENTS. SPENT 1285 FOR NATIONAL GEOGRAPHIC EDUCATION MATERIALS, SPENT 4661 FOR SPECIAL CAPITAL PROJECTS INCLUDING TILE FOR THE CAFETERIA, SPENT 1455 FOR VARIOUS SCHOOL NEEDS INCLUDING FIELD TRIPS, MUSIC AND ATHLETIC EDUCATION. SPENT 5305 ON VARIOUS SMALLER PROJECTS. THESE ACHIEVEMENTS PROMOTED THE WELFARE OF THE OVER 700 STUDENTS AND HELPED THE STAFF OF 55 TO ENHANCE THE EDUCATION OF THE STUDENTS, PROVIDING ADVANTAGES IN MANY AREAS OF EDUCATION AND ALSO BRINGING A CLOSER REALTIONSHIP BETWEEN HOME AND THE SCHOOL.

DENNIS CHAVEZ PTA 2009 FORM 990EZ
EIN 85-0320474

FORM 990EZ, PAGE 2, PART III, LINE 28
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS
STATEMENT 5A

STAFF ALLOTMENT	7500
CLOTHING BANK	802
FIFTH GRADE PARTY	2191
HOSPITALITY, STAFF APPRECIATION, ETC	858
IN NEED FAMILY FUND	207
NATIONAL GEOGRAPHIC	1285
SCHOOL NEEDS	1455
SPRING FLING	2370
STUDENT PROGRAMS	992
SUPPLEMENTAL STAFF	10555
ZOO PARENTS	75
SPECIAL CAPITAL PROJECTS	4461

CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

ATTACHMENT 6: PAGE 1 - 990-EZ PAGE 2, PART IV

OPEN TO PUBLIC INSPECTION | For calendar year 2009 or tax period beginning 07-01-2009, and ending 06-30-2010.

Name of Organization
DENNIS CHAVEZ ELEMENTARY PTA

Employer Identification Number
85-0320474

(A) Name and Address	(B) Title and Average Hrs per Week	(C) Compensation (If not paid, enter 0)	(D) Cont to Employee Ben Plans & Def Comp	(E) Expense Account & Other Allowances
LISA GIERING 8911 HAMPTON AVE NE ALBUQUERQUE, NM 87122	PRESIDENT 20.00	0	0	0
KIM PLOWMAN 6805 TESORO PL NE ALBUQUERQUE, NM 87113	VICE PRESIDENT 20.00	0	0	0
MELISSA BROWN 8809 MENDOCINO CT NE ALBUQUERQUE, NM 87122	SECRETARY 2.00	0	0	0
DEE DEE PENNERS 8516 VINEYARD RIDGE NE ALBUQUERQUE, NM 87109	TREASURER 20.00	0	0	0

BOOKS ARE IN CARE OF

ATTACHMENT 7 - 990-EZ PAGE 3, PART V, LINE 42A

OPEN TO PUBLIC INSPECTION | For calendar year 2009 or tax period beginning 07-01 , and ending 06-30-2010.

Name of Organization	Employer Identification Number
DENNIS CHAVEZ ELEMENTARY PTA	85-0320474

Part V - Line 42a

Individual Name or Business Name: DEE DEE PENNERS, TREASURER

Street Address: 8516 VINEYARD RIDGE NE

U S Address

Zip code: 87122 City: ALBUQUERQUE State: NM

or

Foreign Address

City:

Province or State:

Country:

Postal code:

Phone Number: (505)792-8670

Fax Number: