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Department of the Treasury

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)

2009

OMB No 1545-1150

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

Open to Public Inspection

▶ The organization may have to use a copy of this return to satisfy state reporting requirements 100€ Internal Revenue Service , 2009, and ending For the 2009 calendar year, or tax year beginning July 1 June 30th C Name of organization A OSK-CI D Employer identification number Check if applicable Please 92010331) 92-0103319 Address change **Bear Valley PTA** lahel or Name change Number and street (or P O box, if mail is not delivered to street address) E Telephone number print or Initial return type. See 907 929-9503 15001 Mountain Air Drive Terminated City or town, state or country, and ZIP + 4 F Group Exemption Amended return instruc 4136 Application pending Anchorage, AK 99516 Number ▶ Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach G Accounting Method
✓ Cash
Accrual a completed Schedule A (Form 990 or 990-EZ). Other (specify) ▶ H Check ► ✓ if the organization is not required to attach Schedule B (Form 990, I Website: ► http://web.me.com/bearvalleypta 990-EZ, or 990-PF) K Check D 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 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 83891 Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) 7525 1 2 Program service revenue including government fees and contracts 0 3 1030 4 5 5a Gross amount from sale of assets other than inventory N/A Less: cost or other basis and sales expenses N/A Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . Û C Revenue Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here Gross revenue (not including \$ of contributions 6b 23677 b Less: direct expenses other than fundraising expenses Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 5chedule 1 6c 44418 7a Gross sales of inventory, less returns and allowances 7236 b Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) Schedule 2 (1656)C 7c 8 Other revenue (describe ▶ Total revenue. Add lines 1,21 8, 1,5c, 6c, 7c, and 8

Grants and similar province paid (attach schedule)

Benefits paid to order members

Salanes, other compensation, and employee benefits 9 9 51322 10 10 18179 11 11 0 12 0 Expenses Professional Bas and Other payments tranded endent contractors . . . 13 13 0 Occupancy, tenn utilities, and maintenance
Printing, publications postage and shipping.
Other expenses (describe See Schedule 4 14 14 0 15 0 15 16 70113 17 Total expenses. Add lines 10 through 16 17 88292 18 18 (36970)Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 47450 Ret 20 Other changes in net assets or fund balances (attach explanation) 0 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 10480 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 47450 22 10480 23 Land and buildings 0 23 0 24 Other assets (describe ▶ 0 24 0 25 Total assets 47450 25 10480 26 Total liabilities (describe ▶ 0 26 C 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 47450 27 10480

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



Form 990-EZ (2009)

		•
Orm	890-F2	(2009)

Page 2

Desc man	t is the organization's primary exempt purpose? enbe what was achieved in carrying out the organic, describe the services provided, the number of program title.	anization's exempt purpo	ses. In a clear ar	nd concise	501(c organ 4947(Expenses uned for section)(3) and 501(c)(4) uzations and section (a)(1) trusts; optional thers)
28	(Grants \$) If this amount	includes foreign grants, ch	eck here		28a	
29						
30		includes foreign grants, ch		. ▶ 🗆	29a	
	Other program services (attach schedule)	includes foreign grants, ch includes foreign grants, ch through 31a)	eck here	. • 🗓	30a 31a 32	
	List of Officers, Directors, Trustees, and Key			ted (See the I		tions 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) Contribution employee benefit deferred compen	ns to	(e) Expense account and other allowances
1679	i Toot I2 Manorwood Pointe Circle Anchorage, AK 99516 nda Heitman	President / 10 hrs	0		0	0
1770	11 Mt. mcKinley Dr., Anchorage, AK 99516 een McElheny	Vicepresident / 5 hrs	0		0	0
1294	l0 Hillside Dr., Anchorage, AK 99516 et Morris	Vicepresident / 5 hrs	0		0	0
Erin	1 Jensen Circle, Anchorage, AK 99516 Collins	Vicepresident / 5 hrs Secretary / 5 hrs	0		0	0
Kell	4 Headlands Circle, Anchorage, AK 99516 y Ford 3 Sandpiper Dr. Anchorage, AK 99516	Treasurer / 10 hrs	0		0	0
	3 Sanupiper Dr. Anchorage, AK 55516		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			
а	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		✓
	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			-
ь	Did the organization file Form 1120-POL for this year?	37ь		✓
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		1
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			_
39	Section 501(c)(7) organizations. Enter:]		
а	Initiation fees and capital contributions included on line 9	_		
b	Gross receipts, included on line 9, for public use of club facilities	_		
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		
С	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			'
е	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		✓
41	List the states with which a copy of this return is filed. ▶ Alaska			
42a	The organization's books are in care of ▶ Bear Valley PTA Telephone no ▶	907-74	2-590	D
	Located at ► 15001 Mountain Air Dr. Anchorage, AK ZIP + 4 ►	99	16	
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.			'
С	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		✓_
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	• •	.	▶ □
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44		1
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		1
		m 990	LF7	(2000)

		•
orm	990-EZ	(2009)

Part \	Section 501(c)(3) organizations and s 501(c)(3) organizations and section 494 and complete the tables for lines 50 and	17(a)(1) nonexempt ch	nexempt charit aritable trusts rr	table trusts only. Anust answer question	II secons 4	tion 6–49t	 o
	Did the organization engage in direct or indirect		vities on behalf of	for in opposition to		Yes	No
	candidates for public office? If "Yes," complete	Schedule C, Part I			46		1
	Did the organization engage in lobbying activities				47		1
	Is the organization a school as described in section		•		48		√
	Did the organization make any transfers to an ex		ated organization	?	49a		√
	If "Yes," was the related organization a section 5				49b		<u> </u>
50	Complete this table for the organization's five hi employees) who each received more than \$100,						
		(b) Title and average	(c) Compensati	on (d) Contributions to	(e	Expen	
	(a) Name and address of each employee paid more than \$100,000	hours per week devoted to position		employee benefit plans 8 deferred compensation	ac	count a	nd
NONE	man o recipeo	devoted to position			- Care	anowe	11003
)		ļ		
			ļ		Į		
					ļ		
			ľ				
	Total number of other employees paid over \$100	<u></u>			<u> </u>	_	
NONE	\$100,000 of compensation from the organizatio (a) Name and address of each independent contractor			Type of service	(c) Co	mpensa	ition
						_	
					_		
d	Total number of other independent contractors of	each receiving over \$100),000▶		-		_
	Under penalties of perjury, I declare that I have examine and belief, it is true, correct, and complete. Declaration	ed this return, including accom- of preparer (other than officer)	panying schedules and is based on all informa	statements, and to the beation of which preparer has	st of my any kno	knowle	edge
Sign Here	God QU 12.						
	Signature of officer			Date			
	Ginette Diaz, Treasurer Type or print name and title			11/12/2010			
Paid	Preparer's	Date	Check if self-	Preparer's identifying nui	mber (Se	e instruc	tions)
Prepare	er's signature	<u></u> _	employed >	<u> </u>			
Use On	I Firm's name (or L		<u>-</u>	EIN •		-	
May th	e IRS discuss this return with the preparer shown	above? See instruction)S	Phone no ▶	Yes		40
<u>,</u>	The second secon		 · · · · ·	Fo	m 99		

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.

OMB No 1545-0047 Open to Public Inspection

010331

Department of the Treasury Internal Revenue Service Name of the organization

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions. Employer identification number

92

Bea	ır Va	iley PTA	-						92		010331
Pa	rt I	Reason	for Public Ch	arity Status (All or	ganizatio	ons mus	t comple	ete this	part.) S	ee instruc	ctions.
The	orga	anization is no	ot a private four	dation because it is:	(For lines	1 throug	gh 11, ch	eck only	one box	c.)	
1		A church, co	nvention of chu	rches, or association	of churc	hes desc	nbed in s	ection 1	70(b)(1)	(A)(i).	
2		A school des	scribed in <mark>sectio</mark>	on 170(b)(1)(A)(ii). (At	tach Sche	edule E.)					
3		A hospital or	r a cooperative I	nospital service organ	ization d	escribed	in sectio	n 170(b)	(1)(A)(iii)		
4			search organiza	tion operated in conj ate:	unction v	with a ho	spital des	scribed in	n sectio	n 170(b)(1)(A)(iii). Enter the
5		-	ion operated for (b)(1)(A)(iv). (Co	the benefit of a colle mplete Part II.)	ge or uni	versity ov	wned or d	perated	by a go	vernmenta	l unit described in
6		A federal, st	ate, or local gov	ernment or governme	ental unit	describe	d in sect	ion 170(l	b)(1)(A)(v	v).	
7		_	-	/ receives a substanti (1)(A)(vi). (Complete F		its suppo	ort from a	governm	nental ur	nit or from	the general public
8		A community	y trust described	in section 170(b)(1)	(A)(vi). (C	complete	Part II.)				
9	V	An organizat	ion that normally	receives: (1) more th	an 331/3 %	of its su	pport froi	n contrib	iutions, r	membershi	p fees, and gross
		•		ed to its exempt func		•		•		•	
			-	ent income and unre						n 511 tax)	from businesses
	_	acquired by	the organization	after June 30, 1975.	See sec	tion 509((a)(2). (Co	mplete i	art III.)		
10		_	_	nd operated exclusive	-		-				
11	Ц			ind operated exclusiv							
				blicly supported organ							
				t describes the type					•		•
		a 🗌 Type		* *	: 🗌 Тур		-	-			Type III-Other
θ	Ш			tify that the organization							
			er than foundation section 509(a)(2)	n managers and othe	r than one	e or more	publicly	supporte	ea organ	izations de	scribed in section
		, ,, ,						_			
f		_		a written determinati	on from	the IRS	that it is	a Type	l, Type l	ll, or Type	Ill supporting
_		_	, check this box								🗀
g		following per	rsons?	the organization acce		_			-		[]
			-	r indirectly controls, e		_		h persor	is descri	ibed in (ii)	Yes No
			-	ning body of the supp		ganizatio	nγ.				11g(i)
			•	rson described in (i) a		 (ii) aba.ca					11g(ii) ✓
h				of a person described ation about the suppo							119(01)
	Name	of supported	(ii) EIN	(iii) Type of organization		organization		ou notify	640	Is the	(vii) Amount of
(4)		anization	(11) 2.114	(described on lines 1-9		sted in your	the organ			ation in col	support
				above or IRC section (see instructions))	governing	document?	col (i)	of your		nized in the	
					Yes	No	Yes	No	Yes	No	
						- 111		,,,,		1	· · · · · · · · · · · · · · · · · · ·
									ļ		
Tot:	41				I	i		l	l .	, ,	

Sched	dule A (Form 990 or 990-EZ) 2009						Page 2
Pai	Support Schedule for Org (Complete only if you chec					and 170(b)(1)(A)(vi)
Sec	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		-			ļ	
5 6	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.						
	tion B. Total Support			!	· · · · · · · · · · · · · · · · · · ·		
	lendar 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 .	· · · · · · · · · · · · · · · · · · ·	I				<u> </u>
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	the organization	on's first, secor	nd, third, fourth	n, or fifth tax y	ear as a section	on 501(c)(3)
Sec	tion C. Computation of Public Sup	port Perce	ntage		· 		
14	Public support percentage for 2009 (line	3, column (f) di	vided by line 1	1, column (f))		14	%
15	Public support percentage from 2008 Sch					15	%
16a	331/2 % support test—2009. If the organization qualifies	zation did not o as a publicly s	check the box of supported organ	on line 13, and	fine 14 is 331/31	% or more, che	ck this box
b	33%% support test—2008. If the organization qua	ation did not d	check a box on	line 13 or 16a,	and line 15 is	331/3 % or more	, check this
17a	10%-facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circumstantian	09. if the organ	ization did not onstances" test,	check a box on check this box	line 13, 16a, or and stop here	16b, and line 1 Explain in Part	4 is 10% or IV how the
b 18	10%-facts-and-circumstances test—2008 more, and if the organization meets the "facts-and-circumsta Private foundation. If the organization did	. If the organiza acts-and-circum nces" test. The	tion did not che istances" test, o organization qua	ck a box on line check this box a alifies as a public	13, 16a, 16b, o and stop here . cly supported or	or 17a, and line 1 Explain in Partinganization	5 is 10% or IV how the

Pa		chedule for Orga only if you checke)(2)		
Sec	tion A. Public Sur				,			
Ca	elendar year (or fiscal ye	ear beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, comembership fees receivany "unusual grants.") Gross receipts from admissible or services perfurnished in any activity	issions, merchandise ormed, or facilities	11,146	25,465	32,590	46,440	44,418	160,059
3	organization's fax-exemple Gross receipts from activities	pt purpose vities that are not an						
4	unrelated trade or busines Tax revenues levied fo benefit and either paid its behalf	or the organization's						
5	The value of serv furnished by a govern organization without of	nmental unit to the			'			
6	Total. Add lines 1 thr	_	11,146	25,465	32,590	46,440	44,418	160,059
7a	Amounts included or received from disqual							
b	Amounts included on lift from other than disquiexceed the greater of samount on line 13 for the	alified persons that \$5,000 or 1% of the						
C	Add lines 7a and 7b	•	0	0	0	0	(
8	Public support (Subline 6.)		- 7	-	-	***	, , ,	160,059
	tion B. Total Supp							
Ca	alendar year (or fiscal ye	ear beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 10a	Amounts from line 6 Gross income from it payments received or rents, royalties and in sources	nterest, dividends, n securities loans, ncome from similar	11,146	25,465 219	32,590 127	46,440	44,418	
b	Unrelated business ta section 511 taxes) acquired after June 3	from businesses 0, 1975	33	240	407			
с 11	Add lines 10a and 10th Net income from user activities not include whether or not the bucarried on	nrelated business ded in line 10b,	33	219	127	30		414
12	Other income Do no loss from the sale (Explain in Part IV)							
13	Total support. (Add I and 12.)		11,179	25,684	32,717	46,470	44,423	
14	First five years. If the organization, check	this box and stop	here .	<u></u>			ear as a sect	on 501(c)(3) ▶ □
	Public support perce		· · · · · · · · · · · · · · · · · · ·		o 12 ook /	'6\	45	99.7 %
15 16 Sec	Public support percentage Public support per	entage from 2008 S	Schedule A, Pa	art III, line 15	e 13, column (15	99.7 % 99.6 %
17	Investment income				by line 13 or	olumn (fl)	17	0 %
18	Investment income p	percentage from 20	008 Schedule A	A, Part III, line	17		18	0 %
19a b	33% % support test 17 is not more than 3 33% % support tests line 18 is not more that	331/3 %, check this b 	ox and stop h e	ere. The organic check a box on	zation qualifies line 14 or line	as a publicly s 19a, and line 1	supported org 6 is more than	anization ► 🛭 33/3 %, and

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

Schedule A (Fo	orm 99	10 or 990	0-EZ)	2009																		F	age 4
Part IV	Sup	pplem t II, lir	ent ne 1	al li 7a d	nfo or 1	rma 7b;	tion. and	. Cor Part	nplet	e this	pa 2. Pr	rt to ovide	prove any	ide th	ne e	xplan Iditior	ation nal in	ns red	quired ation.	by See	Part I	l, line uction	10; is.
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BEAR VALLEY PTA

Year ended Jun30th, 2010

Schedule 1
Part I Revenue / Line 6a thru 6c / Special Events and Activities

	Line 6a -	Line 6b -	
	Gross	Direct	Line 6c -
	Revenue	Expenses	Net Income
Basket Auction	21,024	2,485	18,539
Book Fair	7,423	4,214	3,210
Fall Family Fun Night	5,448	1,853	3,595
Gift Wrap	17,357	8,765	8,592
Pictures	1,904		1,904
Yearbook	7,730	6,360	1,370
Birthday Book Club	1,080		1,080
Directory	65		65
Box Tops	694		694
Other Types of Income	2,363		2,363
Promotions - Escrip	3,007		3,007
TOTAL	68,095	23,677	44,418

Schedule 2 Part I Revenue / Line 7a thru 7c / Gross Sales of Inventory

-		Line 7b -	Line 7c -
	Line 7a -	Cost of	Gross
	Gross	Goods	Profit or
	Sales	Sold	Loss
Student Store	7,236	8,892	(1,656)

Schedule 3 Part I Expenses / Line 10 / Grants and similar amounts paid Mini grants given for various school needs

Total	18,179
Teacher's Grant	4,080
Nurse Grant	199
Library Grant	472
Field Trip Transportation	195
Carry over	8,000
Battle of the books	2,236
6th Grade Celebration	496
6th Grade Camp Donation	2,500

BEAR VALLEY PTA

Year ended Jun30th, 2010

Schedule 4 Part I Expenses / Line 16 / Other Expenses

Administration	594
Back to School Night	251
Bank charge	287
Character counts	698
Checks	150
Contingency	1,608
Hospitality	1,708
Membership dues	6
Office Supplies	128
PTA Insurance	140
Reconciliation Discrepancies	10
Red Ribbon Week	182
Returned Deposit	15
Science/Health Fair	350
Special Projects	55
Special Projects School	61,892
Spelling/Geography Bee	1,160
Sports Day	339
Spring Clean Up	107
Volunteer Appreciation	335
Web Page	99
Total	70,113

Date being audited 711 LOCAL PTA Name Bear Valley Elementary Date Council State Balance on hand (Ending date of last audit – all bank accounts) 62/109 34/157.91 + 13,252.04)Receipts (Deposits, interest income, etc.-(received during above period being audited)): (+)Total Cash..... Disbursements (Checks, bank charges, etc. -(paid out during above period being audited): (-) Balance on hand (at ending date of audit period-all bank accts per books).... \$ 10,470,20(a) **Bank Statement Balances TOTAL** (Most recent stmts in audit period - total of below) Account balances: 3501604 90,60 Checks outstanding: 110.95 15,00 Total outstanding checks (all bank accts 49 (minus)......\$ TOTAL Balance in bank Accounts (b minus c)..... If BALANCE ON HAND (a) EQUALS TOTAL BALANCE IN ALL BANK ACCOUNTS (d) THEN AUDIT IS COMPLETE. We have examined the books of the Treasurer of Bear Valley PTA and find them to be (please circle one of the following to complete sentence): Correct Substantially correct Incomplete with the following adjustments/recommendations/missing information: Incorrect (Please see other side for additional adjustments/recommendations /missing information). Date Audit Completed Auditors' signatures

PTA AUDIT REPORT FORM

(This report should be read by a member of the auditing committee or the secretary at the 1^{st} general meeting of the year. The presiding officer then calls for the appropriate action.)

Bear Valley PTA Profit & Loss

1,608.33

1,852.70

195.00

ıne 2010

July	2009 through Ju
Ordinary Income/Expense	
Income	
Basket Auction	21,023.88
Birthday Bookclub	1,080.00
Book Fair-income	7,423.26
Boxtops	694.10
Computer Fund	5,000.00
· Directory	65.00
Donations	2,525.00
Family Fun Night	
Bar-B-Q sandwich with chips &	459.00
Children's Games@ \$10.00	1,636.00
Childrens Games after 1st 2 -\$5	160.00
Hot Dog with Chips & a drink \$3	414.00
Loaded Bake Potato w/ Drink \$4	244.00
Family Fun Night - Other	2,535.10
Total Family Fun Night	5,448.10
Gift Wrap	17,356.95
Membership	1,030.00
Other Types of Income	2,362.51
Pictures	1,904.03
Promotions - Escrip	3,006.79
Student Store	
25th Anniversary Sale	2,415.00
Student Store - Other	4,820.50
Total Student Store	7,235.50
Yearbook	7,730 00
Total Income	83,885.12
Expense	
6th Grade Camp Donation	2,500.00
Administration	593.61
Back to school nite	250.80
Bank Charge	287.02
Basket AuctionE	2,485.08
Battle of Books	2,236.02
Book Fair	4,213.56
Carry Over	8,000.00
CHARACTER COUNTS	698.32
checks	130.04

Contingency

Field Trip Transportation

FFN

Bear Valley PTA Profit & Loss July 2009 through June 2010

	Jul 109 - Jun 10
Gift Wrap Expense	8,765.40
Hospitality	1,707.63
Library	472.40
Membership dues	5 75
Nurse	199.39
Office Supplies	127.97
PTA Insurance	140.00
Reconciliation Discrepancies	-0.61
Red Ribbon Week	181.70
Returned Deposit	15.00
School Store	8,891.69
Science fair/Health fair	350.00
Sixth Grade Celebration	496.41
Special Projects	55.00
Special Projects-school	61,891 78
Spelling/ Geography bee	1,159.55
Sports Day	338.89
Spring Cleanup	106.91
Teacher's Grant	4,080.01
volunteer appreciation	335.32
Web Page	99.00
YearbookE	6,360.14
Total Expense	120,829.81
Net Ordinary Income	-36,944.69
Other Income/Expense	
Other Income	
Bank Interest	4.94
Total Other Income	4 94
Net Other Income	4 94
Net Income	-36,939.75

