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DAA

Form 990-EZ

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)

OMB No 1545-1150 2009

Open to Public inspection

Department of the Treasury Internal Revenue Service

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 08/01/09 , and ending For the 2009 calendar year, or tax year beginning Please Name of organization Employer identification number Check if applicable use iRS Address change label or 04-2779838 CHANDLER PTA Name change print or Telephone number Initial return type. Number and street (or P O box, if mail is not delivered to street address) Room/suite 781-934-7680 See 93 CHANDLER STREET Termination Specific City or town, state or country, and ZIP + 4 Group Exemption Amended return Instruc-DUXBURY MA 02332 Number Application pending tions X 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) WWW.CHANDLERPTA.ORG X Check ▶ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF) **X** 501(c) (3) **◄** (insert no) 4947(a)(1) or 527 Tax-exempt status (check only one) --|X| if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000 A Check 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 47,989 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 Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) Part I 1,000 Contributions, gifts, grants, and similar amounts received 1 1 8,104 2 2 Program service revenue including government fees and contracts 2,395 See Statement 1 3 3 Membership dues and assessments 547 4 4 Investment income 5a 5a Gross amount from sale of assets other than inventory b 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) Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here Revenue Gross revenue (not including \$ of contributions 35,943 reported on line 1) 19,966 6b Less direct expenses other than fundraising expenses 15,977 Net income or (loss) from special events and activities (Subtract line 6b from line 6a). 6c C Gross sales of inventory, less returns and allowances 7a 711 Less cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7с 1 8 2010 Other revenue (describe 8 8) 28,023 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 9 9 OGDEN. 1,000 10 10 Grants and similar amounts paid (attach schedule) 11 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 12 13 Professional fees and other payments to independent contractors 13 14 14 Occupancy, rent, utilities, and maintenance 15 15 Printing, publications, postage, and shipping 24,883 Other expenses (describe ▶ See Statement 2 16 16 25,883 17 Total expenses. Add lines 10 through 16 17 2,140 18 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 31,783 end-of-year figure reported on prior year's return) 19 20 20 Other changes in net assets or fund balances (attach explanation) 33,923 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 (B) End of year (A) Beginning of year (See the instructions for Part II) 22 Cash, savings, and investments 33,923 31,783 22 23 Land and buildings 23 24 Other assets (describe 24 33,923 783 25 Total assets 25 26 Total liabilities (describe 26 783 33,923 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 27 Form 990-EZ (2009) For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2009) CHANDLER			1-2779838			Page 2
Part III Statement of Prog	ram Service Accomplishmen	ts (See the instruc	tions for Part I	II.)	Ex	penses
What is the organization's primary exemp					Required:	for section
See Statement 3				5	01(c)(3) a	ind 501(c)(4)
Describe what was achieved in carrying o	out the organization's exempt purposes	In a clear and concise		0	rganizatio	ons and section
manner, describe the services provided,	the number of persons benefited, or oth	her relevant information t	for	4	947(a)(1)	trusts, optional
each program title				fo	or others))
28 ACADEMIC AND CREATIVE ART	PROGRAMMING TO SUPPLEMENT TO	0		Ì		
CHANDLER ELEMENTARY'S CUR	RICULUM			ŀ		
(Grants \$) If this amount includes foreign grant	ls, check here		28a	ļ	13,860
29 GRADE LEVEL FUNDING-FINAN	CIAL SUPPORT FOR FIELD TRIPS	,				
CLASSROOM SUPPLIES, TEACH	ER STIPENDS, ACADEMIC					
SUBSCRIPTIONS				ـــ ا ـــ		10 015
(Grants \$) If this amount includes foreign grant	is, check here	<u>P</u>	29a	 	10,015
30 SCHOLARSHIPS TO COLLEGE B	OUND SENIORS					
/O 1 000) If this amount includes foreign grant	la abaak bara	_			1,000
		is, check here			+	1,000
31 Other program services (attach sche (Grants \$	oule)) If this amount includes foreign grant	ts chack here		31a		
32 Total program service expenses (a	***************************************	is, check here		▶ 32	+	24,875
	ors, Trustees, and Key Employees. Li	ist each one even if not c	compensated (See		ctions for	
1 aveta Electer emedie, process	ine, induction, and they employees. E.	(b) Title and average	(c) Compensation	(d) Contri	butions to	(e) Expense
(a) Nan	ne and address	hours per week devoted to position	(If not paid, enter -0)	employee be deferred cor		account and other allowances
HEATHER FIEDLER	DUXBURY	PRESIDENT				
93 CHANDLER STREET	MA 02332	2.00	0		o	0
LESLIE HOCHSTEIN	DUXBURY	VICE PRES				
93 CHANDLER STREET	MA 02332	1.00	o		0	0
MOLLIE O'HARA	DUXBURY	VICE PRES				
93 CHANDLER STREET	MA 02332	1.00	0		0	0
RUSSELL CLIFTON	DUXBURY	VICE PRES				
93 CHANDLER STREET	MA 02332	1.00	0		0	0
JILL COLLINS	DUXBURY	TREASURER				
93 CHANDLER STREET	MA 02332	1.00	0		0	0
TANYA TREVISAN	DUXBURY	SECRETARY				
93 CHANDLER STREET	MA 02332	2.00	0		0	0
		· · · · · · · · · · · · · · ·		-		
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			I		ľ	

Page 3

Pa	rt 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			l
	description of each activity	33		X
34	Were any changes made to the organizing or governing documents? If "Yes," attached a conformed copy of			l
	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			İ
	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		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		<u> </u>
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		<u> </u>
37a	Enter amount of political expenditures, direct or indirect, as described in the instr	_		
b	Did the organization file Form 1120-POL for this year?	37b		<u>X</u>
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
þ	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			į
þ	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			
h	section 4911 ▶			
•	transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified	1 1		
	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		Х
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		X
41	List the states with which a copy of this return is filed MA			
42a	The organization's books are in care of HEATHER FIEDLER Telephone no			
	93 CHANDLER STREET	1220		
	•	2332		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority	1	Van	No
	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No X
	If "Yes," enter the name of the foreign country	420		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank	-		İ
	and Financial Accounts.			l
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		X
-	If "Yes," enter the name of the foreign country			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here	-		\blacktriangleright
	and enter the amount of tax-exempt interest received or accrued during the tax year			
		1		
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			v
45	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	1	x
	. eg . e ees mad aa aampiotod motodo er i am aaa ee	Form 99	0-EZ	

Form	990-EZ (ZL			1-2119030				age 4
Pa		Section 501(c)(3) organizations and section 4947(a 501(c)(3) organizations and section 4947(a)(1) none)h
		and complete the tables for lines 50 and 51.	жетірі спапіас	ile ilusis iliusi	answer questi	JI 15 4	0-43	טי
46		ganization engage in direct or indirect political campaign activities on	hehalf of or in onn	esition to			Yes	No
40		s for public office? If "Yes," complete Schedule C, Part I	i benan or or in opp	Dalilott to		46	163	X
47		ganization engage in lobbying activities? If "Yes," complete Schedule	C Part II			47		X
48	_	inization engage in loosying activities in res, complete solicular inization operating a school as described in section 170(b)(1)(A)(ii)?		Schedule F		48		X
49a	_	ganization make any transfers to an exempt non-charitable related or		Joneddie E		49a		X
b	_	as the related organization a section 527 organization?	·gamzanon			49b		<u> </u>
50		this table for the organization's five highest compensated employees	(other than officers	directors trustee	s and key	تتت		
•	-	s) who each received more than \$100,000 of compensation from the						
		(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	acc	Expen count a allowa	nd
None	•							
		· · · · · · · · · · · · · · · · · · ·						
	Total numb	per of other employees paid over \$100,000	<u> </u>					
					-			
51	Complete t	this table for the organization's five highest compensated independe	ent contractors who	each received mor	e than			
		of compensation from the organization. If there is none, enter "None						
		· •						
	(a) Nar	me and address of each independent contractor paid more than \$100,000	(b)	Type of service	(c) C	ompen	sation	
No	ne							
								
			:					
ــــــــــــــــــــــــــــــــــــــ	Total numb	per of other independent contractors each receiving over \$100,000			1			
d	Total numi	ber of other independent contractors each receiving over \$100,000			·			
		Under penalties of perjury, I declare that I have examined this return, including	accompanying schedi	les and statements	and to the best of my	kaoulor	100	
	;	and belief, it is true, correct, and complete. Declaration of preparer (other than	officer) is based on all	information of which	preparer has any kno	wledge	ige	
Sigi	ו ו	VS10141114 \ 1) 11/1/13 1		12-	15-11)			
Her		Signature of officer		Date				
		HEATHER FIEDLER	PRES	SIDENT				
	J	Type or print name and title						
		Preparer's M 174 M -4 /	Date	Check if	Preparer's Iden	tifying Nu	mber (S	ee instr)
Paid		signature Mullit Shire Coll Co	C4 12/14	self- employed ▶	X P0034	8391	7	
	- -	Firm's name (or yours Elizabeth A. Pineault	PC CPA	-,, amployed		4-3		466
	Only	f self-employed), PO Box 1382			Phone			
	• I '	address, and ZIP + 4 Marshfield, MA 02050	-1382	-	—	-83	4-0	400
May		cuss this return with the preparer shown above? See instructions			<u> </u>	Ye		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.

2009

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection
Employer identification number

	CHANDLER PTA 04-2779838												
Part	I Reas	on for Public C	harity	Status (All organizations	s must o	complet	e this	part.)	See ir	nstruc	tions.		
he org	anization is not	a private foundation	becaus	e it is (For lines 1 through 11, c	heck only	one box))						
1	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).												
2	A school des	ool described in section 170(b)(1)(A)(ii). (Attach Schedule E)											
3	A hospital or	or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).											
4	A medical re	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	е											
5	An organizat	on operated for the	benefit d	of a college or university owned	or operate	ed by a go	vernme	ntal unit	describ	ed in			
	section 170	(b)(1)(A)(iv). (Compl	ete Part	II)									
6	A federal, sta	ate, or local governm	ent or g	overnmental unit described in se	ection 17	0(b)(1)(A)	(v).						
7	An organizat	on that normally rec	eives a	substantial part of its support fro	m a gove	rnmental	unit or fr	om the	general	public			
	described in	section 170(b)(1)(A)(vi). (C	omplete Part II)									
8	A community	trust described in s	ection 1	70(b)(1)(A)(vi). (Complete Part	II)								
9 🔀	An organizat	ion that normally rec	eives (1	I) more than 33 1/3 % of its supp	ort from (contributio	ns, men	nbership	fees, a	and gros	ss		
	receipts from	activities related to	ıts exem	npt functions—subject to certain	exception	s, and (2)	no more	e than 3	3 1/3 %	of its			
	support from	gross investment in	come ar	nd unrelated business taxable in	come (les	s section	511 tax)	from bu	isinesse	es			
_	acquired by t	he organization afte	r June 3	0, 1975 See section 509(a)(2) .	(Complet	e Part III))						
10 _	An organizati	ion organized and o	perated	exclusively to test for public safe	ty See s	ection 50	9(a)(4).						
11 _	_	-		exclusively for the benefit of, to p				-					
	purposes of o	one or more publicly	support	ed organizations described in se	ction 509	(a)(1) or s	ection 5	09(a)(2)	See s	ection			
	<u> </u>		scribes t	he type of supporting organization		•	es 11e t	_ ·					
<u></u>	a Type	٠. لــا ٠.	pe II	c Type III-Function			d		e III–Ot	her			
е	-	-	_	anization is not controlled directl	-								
			anagers	and other than one or more pub	licly supp	orted orga	anization	s descr	ibed in s	section			
_		section 509(a)(2)			-								
f			ten dete	rmination from the IRS that it is	a Type I,	Type II, or	Type III	suppon	ung				
	-	check this box											
g	-		organizai	tion accepted any gift or contribu	ition from	any of the	•						
	following per												
		= = = = = = = = = = = = = = = = = = =		ontrols, either alone or together v	viin perso	ns descrit	ea in (ii)			44-0	Yes	No
		member of a persor		f the supported organization?							11g(i)	 	
				described in (i) or (ii) above?							11g(ii)		
h		-	•	he supported organization(s)							11g(iii	<i>I</i> I	<u> </u>
	ne of supported	(ii) EIN	about	(iii) Type of organization	(IV) Is the	organization	(v) Did v	ou notify	(vi)	ls the	(vII) Am	ount of	
	rganization	(, =		(described on lines 1–9	1	sted in your	the organ	ization in	organizat	ion in col	sup		
				above or IRC section	governing document?		1 (2) - (zed in the S ?			
				(see instructions))	Yes	No	Yes	No	Yes	No			
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•													
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otal													

Schedule A (Form 990 or 990-EZ) 2009 CHANDLER PTA 04-2779838 Page 2 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 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities 3 furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 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 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 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 33 1/3 % support test-2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization 33 1/3 % support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2009

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Part III Support Schedule for Organizations Described in Section 509(a)(2)

	(Complete only if you ch	ecked the box	on line 9 of Pa	rt I.)			
	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")	31,950	3,864	6,362	8,163	11,499	61,838
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	20,242	105,920	78,738	74,039	35,943	314,882
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	52,192	109,784	85,100	82,202	47,442	376,720
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					İ	
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from			1	‡		
<u></u>	line 6)						376,720
	tion B. Total Support lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	· ' ·			` ′		
9 10a	Gross income from interest, dividends,	52,192	109,784	85,100	82,202	47,442	376,720
100	payments received on securities loans, rents, royalties and income from similar sources				375	547	922
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b				375	547	922
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					0	
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)	52,192	109,784	85,100	82,577	47,989	377,642
14	First five years. If the Form 990 is for the	-	second, third, four	th, or fifth tax year	as a section 501(c))(3)	
500	organization, check this box and stop here stion C. Computation of Public St		300				<u> </u>
15	Public support percentage for 2009 (line 8.			<u>(0)</u>	· · · · · · · · · · · · · · · · · · ·	15	20. 26.9/
16	Public support percentage from 2008 Sche	• • •	•	(1))		16	99.76% 99.90%
	tion D. Computation of Investme					110	99.90 %
17	Investment income percentage for 2009 (li			column (fi)		17	%
18	Investment income percentage from 2008		-	column (1))		18	
19a	•			14 and line 15 is n	more than 33 1/3 %		
	17 is not more than 33 1/3 %, check this be			•		•	▶ X
b	33 1/3 % support tests—2008. If the orga						- =
	line 18 is not more than 33 1/3 %, check th						▶ □
20	Private foundation. If the organization did		_		•	~	>

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Schedule A (Form 990 or 990-EZ) 2009 CHANDLER PTA 04-2779838

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

HANDLERPTA									
. Form 990		Special Events Schedule							
Form 9	90	For calendar year 2009, or ta	v voor boginning	08/01/09	and ending 07	/31/10	2009		
Name		For calendar year 2009, or ta	x year beginning	00/01/05	and ending O7		ntification Number		
•									
CHANDLI	ER PTA					04-2779			
		(A)	(B)	(C)	Others	, 343	Total 35,943		
Gross receipt		6,437	<u>6,290</u> -	5,873 0		0	33,943		
Less contril Gross revenu	•	6,437	6,290	5,873		,343	35,943		
Less direct		3,208	2,505	3,671	10	,582	19,966		
Net income (I		3,229	3,785	2,202		761	15,977		
	•			÷					
_		07EE 17030							
Description	(A)	GIFT WRAP	·						
	(B)	BEACH BLAST							
	(0)		"						
	(C)	APPAREL							
		-							
	Others	BOOK FAIR		<u></u>					
		HOLIDAY FESTI	VAL						
		CALENDAR GIFT CARD							
		BOX TOPS							
			- A						
									
									
		-							
									
									
		 							

CHANDLERPTA CHANDLER PTA

.04-2779838

Federal Statements

FYE: 7/31/2010

Statement 1 - Form 990-EZ, Part I, Line 3 - Membership Dues and Assessments

	 Amount	
MEMBERSHIP	DUES	\$ 2,395
Total	·	\$ 2,395

Statement 2 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
Expenses	\$
PRINTING	310
SPECIAL FUNDING REQUESTS	1,321
OFFICE SUPPLIES	266
TEACHER STIPENDS	2,886
PROGRAM SUPPLIES	4,573
BANK CHARGES	432
MEMBERSHIP DUES	872
GRADE LEVEL FUNDING	2,140
FIELD TRIPS	1,731
SCIENCE FAIR	450
STAFF APPRECIATION	1,399
CREATIVE ARTS	4,303
HOSPITALITY	538
VARIOUS PROGRAMS	1,377
COMMUNITY SUPPORT	700
SUPER READER	795
MISCELLANEOUS EXPENSES	790
Total	\$ 24,883

CHANDLERPTA CHANDLER PTA

.04-2779838

Federal Statements

FYE: 7/31/2010

Statement 3 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose

Description

TO DEVELOP ACADEMIC AND CREATIVE ARTS PROGRAMS THAT ENRICH THE TOWN OF DUXBURY'S CHANDLER SCHOOL'S CURRICULUM.